



## MEETING AGENDA

DIVISION	Public Health		
MEETING TITLE	April EHDI Advisory Committee Meeting		
DATE	4/9/2026	TIME	10:00 a.m. – 3:00 p.m.
LOCATION	<a href="#">Ankeny Kirkendall Library</a> , 1250 SW District Drive, Ankeny, IA 50023		

## AGENDA TOPICS

### Welcome, Introductions and Announcements:

#### Members Present:

- Stephanie Childers – Educational Audiologists State Lead Team/MBAEA
- Jennifer Proctor – Teachers of the Deaf/Hard of Hearing (TDHH)/Heartland AEA
- Julie Bustos – Iowa School for the Deaf
- Amanda Miller – Iowa Association of the Deaf (substitute for Susan McDonald)
- Jody Albertson – Keystone AEA, AEA Special Education (Replacing Annette Hyde)
- Megan Palmer – Private Practice/ENT – MercyOne ENT
- Emily Brandt – Iowa Hands & Voices
- Jennifer Macke – Newborn Screening Facilities/Stewart Memorial Hospital
- Tori Carsrud – Department of Educational Program Consultant for Hearing Services
- Susan Brennan – Iowa Deafblind Project, Iowa Educational Services for the Blind and Visually Impaired (IESBVI)
- Chantel Broome – Parent Advocate
- Tonya Krueger – Child Health Specialty Clinics Early Access Program Liaison
- Michelle Vicarro – Parent Advocate
- Kristen Moriarty – Iowa Academy of Family Physicians/Unity Point Clinic  
Family Medicine – East Des Moines

#### ASL Interpreters:

- Jeff Reese
- Elizabeth LeRose

#### EHDI Team Members:

- Tammy O'Hollearn – EHDI Program Director
- Heather Dirks – Family Support, Follow-up Coordinator
- Linda True – Audiology Technical Support, Follow-up Coordinator

**CDC & HRSA Grant Updates:****Health Resources and Service Administration (HRSA):**

- EHDl program relies 100% on Federal Funding.
- Received Notice of Award (NOA) of approximately 33% 4-9-2026.
  - Last year, funding was issued at 46% during the 2<sup>nd</sup> quarter, and the remaining funding was received in July 2025.

**Centers for Disease Control and Prevention (CDC):**

- Grant runs from July 1 – June 30, annually. In 2025, Iowa EHDl was told a week before the end of the project period that they would be extending the previous grant for another year. This year, Iowa EHDl was told 2 weeks ago that there would be an additional project year extension. The annual report is due on 4-9-2026. The report, workplan and budget were submitted by Tammy O'Hollearn on 4-8-2026.
- There are currently no CDC EHDl program staff; all were dismissed in April 2025.
- Last year, NOA was very timely, so hoping that will happen this year.
- The EHDl Program recently received an alert from the Association of Maternal & Child Programs (AMCHP) indicating that in current presidential budget, EHDl was eliminated. In 2025, EHDl was initially eliminated in the draft budget, but the final budget indicated 100% funding to EHDl programs.

**Hearing Aid & Audiological Services Update:**

- There is currently a small waitlist for the program. Lori Wink, at the North Iowa Community Action Organization (NICA0), will try to move children from the waiting list if funding becomes available when outstanding claims are paid.
- The Hearing Aid and Audiological Services Program, overseen by EHDl, is never a "sure" funding option until HHS is notified by the Iowa legislature after the Iowa Budget is set at the end of the current legislative session.

**New Committee Members:**

- Julie Bustos
  - Outreach Director for ISD
- Jody Albertson
  - Currently a Regional Director at Central Rivers AEA
  - Will be new CRAEA Director of Special Education services for the 2026-2027 school year.

**Member Updates:**

- Susan Brennan – Iowa Deafblind Project update:
  - Just submitted Child Count of 120 children on the Deafblind Registry
    - Does not show growth, because of graduations and deaths (have had approx. one per month over the past year).
    - 12 children are aged 0-3.
    - Around 41 children between ages 3-8.
    - Approximately 70 children aged 3-14.
  - New website is up and running:
    - Deafblindiowa.org – Iowa DB Project will post updates on this site.

- Upcoming Events:
  - [Family event April 25, 2026, in collaboration with Nebraska DB Project](#) for the [7<sup>th</sup> Annual Walk and Roll for Charge](#).
    - Struggle to get families to participate on Western side of Iowa.
    - Craft and swimming, ending with Walk and Roll for Charge.
  - Funding was available through the DB Project to support sending a family with Usher's Syndrome to the National Conference.
    - Conference is in Bloomington MN in July 2026.
    - This will be a hybrid event.
  - Iowa [2026 Deafblind Symposium](#) to be held August 10, 2026.
    - Event will be held in Ankeny, with [registration coming soon](#).
    - Keynote Speaker: Dr. Jasmine Simmons, a Deafblind audiologist and author.
      - Discussion of her personal experiences with Usher Syndrome.
      - How to create supportive environments for students with Deafblindness.
    - Featured Speaker: Susan Morgan Morrow with the New York Deafblind Collaborative will be discussing ProTactile communication.
      - Ms. Morgan Morrow is a nationally certified sign language interpreter and interpreter educator.

### **EHDI Family Support** (Heather)

#### Family Support Process

- Overview of EHDI Family Support for new EHDI Advisory Members.
- Heather Dirks is the Family Support Coordinator for both EHDI and the Iowa Deafblind Project.
- Heather sends out a "Parent Packet" of resources for all families who have a child identified with hearing loss shortly after diagnosis.
  - Parent Guide, Children at Home, Flyer for Vision Testing, H&V.
  - Heather Reaches out to all families by phone or text and sends resources and offers connection to resources throughout the state.
    - Triage needs following diagnosis.
    - Many families have questions about funding, Medicaid, etc.
- Heather offers all families several direct supports and referrals for additional support for newly identified children from birth through age 3, such as EHDI's Family-to-Family Support Program, newsletter, referral for Deaf Mentoring, referral to Deafblind program, etc.
- Heather has begun sending out a transition guide to parents with children moving from Part C to Part B programs, between the child's 2<sup>nd</sup> and 3<sup>rd</sup> birthdays.

- The transition guide was previously vetted by members of the EHDI Advisory Committee.

#### EHDI Family Support Activities

- The EHDI Program can offer various programs and resources for family support:
  - New to the Journey webinars – These discuss different topics related to hearing loss for families of newly identified children.
    - In March, EHDI New to the Journey combined with DB Project Family Support to discuss resources in Iowa. There were two families that attended this event.
    - In the past, there were a variety of different topics offered, such as a sibling panel, fathers panel, discussion related to IFSP/IEP plans vs 504 plans, etc.
  - Upcoming Events:
    - Saturday, April 11, 2026: Virtual art event collaboration between the EHDI Book Club for Tots and ISD-Family Support Mentoring Program.
    - May 9, 2026: EHDI Family Support and ISD-Family Support Mentoring Program will collaborate for an event at Inis Grove Park in Ames for painting pots and plants, for ages birth – 21.
    - June 12-13, 2026, EHDI Family Support and ISD will collaborate for Li'l Paws Camp, to be held in Des Moines.
      - Deaf Mentoring and Sibshop available.
    - Note: EHDI Family Support Coordinator, Heather Dirks collaborates with ISD Family Support Mentoring Coordinator, Anne Michelle Pederson, for several family events each year.
  - Monthly Book Club for Tots:
    - Alternates weeknights and Saturdays to meet monthly
    - A Deaf Mentor collaborates to read stories and introduce ASL signs and reading tips to parents of children who are deaf/hard-of-hearing (DHH).
    - Heather Dirks asked Julie Bustos if ISD would still be willing to put the books read via ASL on ISD's YouTube channel for parents to review and watch with children. Julie will make sure this is still available.
  - EHDI Baby/Toddler Times – In-Person Book Club
    - Heather has held 3 EHDI Baby/Toddler Time events across the state this year at various libraries.
      - Through parent survey feedback, Heather will be trying different times, including weekends.
      - Will be offered for families of all ages, but the focus will still be on the birth-three age range.
      - Heather will continue to expand this program throughout the state for more in-person reading events for families to meet with other families and learn new skills.

- Rebranded based on parent feedback and will now be called EHDH Hands & Tales.
- Next Hands & Tales Event: Friday, May 22, 2026, at Gates Park Waterloo. Event will be held in the evening.

#### EHDH Family Support Programming

- EHDH Family Support Newsletter:
  - Newsletter is currently sent to 254 families and a handful of professionals who have requested access.
  - Newsletter Highlights a “Book of Month,” that features a DHH character or author.
  - Newsletter provides different informational materials about resources, upcoming events and webinars for parents.
  - Newsletter includes a “Tip of the month” related to seasonal or requested tips for parents and children.
- EHDH Parent Partners Program:
  - Since the October Advisory meeting, 5 additional families have been connected.
    - Three of these families are still working together.
  - Trained 4 new parents in March 2026.
- EHDH Deaf Partners transitioned to the ISD Deaf Mentoring program following passage of the LEAD-K bill.
  - Since June 2025, EHDH has sent 17 families to work with Deaf Mentors through ISD.
    - Currently, 10 of those families are still working with the Deaf Mentoring Program.
    - 5 families are still waiting to begin the Deaf Mentoring Program.
    - 1 family who had a child identified with a hearing loss was found to not have a permanent hearing concern and is no longer in need of Deaf Mentor services.
    - 1 family was non-responsive to Deaf Mentoring attempts to contact.
  - Julie will discuss this in her presentation later in the meeting.
- EHDH Family support is also a safety net to discuss Part-C Early Intervention services with families. Referral to EA should be done by the pediatric audiology provider upon diagnosis of hearing loss.
  - Heather recently has made two EA referrals of children who did not get referred by audiology providers.
  - Heather has made 2 referrals to the DB project since October 2025.
- Family Needs Survey went out to families in March 2026.
  - 43 families responded.
  - Analysis has begun on survey responses.
  - EHDH Family Support will report survey responses at the July EHDH Advisory meeting.
- Preliminary numbers for 2024 indicate that 72% of families with children identified with hearing concerns in 2024 were enrolled in family support, up from 68% in 2023.

Link to [EHDI Family Support](#)

### **ISD Outreach & Deaf Mentor Updates** (Julie Bustos)

(PowerPoint Slide Presentation attached below)

- Update: New email address for outreach services: [outreach@ieadb.org](mailto:outreach@ieadb.org)

#### Program Updates:

- [ISD Outreach Services](#) can be accessed statewide, and ISD would like to provide services statewide.
- ISD Outreach is a resource for any programs to prepare deaf children for adulthood.
- There have been a few changes in each of the outreach departments.
  - [Family Resources Program](#) – coordinate with several partners, using multi-disciplinary approach and response to families.
    - Offer Workshops.
    - ASL classes are offered virtually and in person.
    - Li'l Paws camp – hoping to recruit new families to send
      - Sibshop offered at Lil Paws camp.
      - Recently added a food pantry at ISD on campus called Paws and Hooves for families.
    - Monthly storytelling events.
  - [Expanded Learning Program](#) (ELP):
    - [Expanded Core Curriculum \(ECC\) for Deaf/Hard-of-Hearing](#) students' instruction and activities.
    - Deaf Culture Celebrations.
    - [Signing and Saying Symposium - S3](#) (April 8, 2026) at the [Greater Des Moines Botanical Gardens](#) – many people enjoyed yesterday.
  - [Language Resources](#):
    - Interpreter Services and Learner Services available for mentoring and skill evaluation.
    - Recently hired someone to screen interpreters.
    - Deaf Language coaches use [Sign Language Proficiency Interview \(SLPI\)](#) for biliteracy credentials/seal of biliteracy.
    - Will be presenting at [Language First Conference](#).
    - Help to identify if children are prepared to work with interpreter.
  - [Literacy Resources](#):
    - Use Bilingual Grammar Curriculum (BGC) to help students learn to read and write English.
    - [YouTube channel](#):
      - Different books in ASL.
    - [Online Catalog](#) for electronic materials that can be checked out.
    - Work with other DHH professionals – for bilingual grammar curriculum.
  - [Assessments Program](#):
    - Language assessments can be conducted within 30 days of request, regardless of in spoken English or ASL.

- Assessments can test expressive or receptive language skills.
- [ISD Outreach Referral Form](#)
- [Family Support Mentoring Program](#):
  - Result of [Iowa's LEAD-K Law](#).
  - [Family Support Mentoring](#):
    - Three Mentoring Programs Offered:
      - Deaf Mentoring.
      - Inspire-to-Empower Mentoring.
      - Family-to-Family Mentoring.
  - Events:
    - Ice Skating event in Sioux Center last February 2026.
  - Enrollment:
    - 6 families enrolled in 2024-2025.
    - 19 families enrolled in 2025-2026.
    - 10 families are currently on waiting list.
  - Barriers:
    - Misconceptions of requirements – do not need to be eligible or enrolled in IFSP, IEP or 504 plan.
    - Spanish Speaking family interpretation difficulties, for example, contacting with Spanish families by phone via interpreter.
    - Biggest issue is geographical concerns – mentors on west side of Iowa and many families on east side of the state. There is some difficulty to spread the mentors and families, but program working hard to match families appropriately.
- Questions:
  - Heather: ISD used to help the EHDl Book Club in making YouTube videos of the books. Will this service still be available through ISD Outreach?
    - Julie: ISD will still be available to make the EHDl toddler books into videos, but this can be difficult with longer books.
      - Heather: All books that EHDl uses are appropriate for infants and toddler aged 0-3, so they are very short.

### **Tele-Audiology Update (Linda)**

- Oelwein Clinic Pilot had first ABR completed on November 13, 2025
- Time blocks had been scheduled on the 2<sup>nd</sup>-4<sup>th</sup> Thursdays each month.
  - Because of holidays, there was only one appointment available in November and December 2025.
- Since the last EHDl advisory meeting in October 2025, 5 appts were made in the time blocks available:
  - November 13, 2025 – Full diagnostic ABR completed on 3-month-old baby. Typical hearing was noted, and type of hearing was indicated as normal.

- Family reportedly saved two hour-long round trips of driving and a half-day of work.
- December 18, 2025 – Family did not show for appointment.
  - Family was contacted by phone, text and email and did not respond.
  - Following a Lost-To-Follow-up/Decline letter, the family contacted Linda True, and they were set up for testing at Dubuque ENT.
- January 22, 2026 – Full diagnostic evaluation completed, and transient conductive hearing loss was indicated.
  - Conducted full ABR via tele-audiology without in-person EHDI audiology technical support.
  - Technical support was available for both audiologist and nurse via zoom link.
- February 12, 2026 – Full diagnostic ABR completed. Bilateral transient conductive hearing loss was indicated.
  - EA referral was recommended due to parental concerns.
  - Medical follow-up was recommended for conductive component.
  - Child will continue to have Delayed/Progressive Incidence (DPI) screening due to NICU stay greater than 5 days.
- February 26, 2026 – Appointment cancelled due to child stay at UI-CDD, and testing completed during time at CDD.
- In December 2025, the nurse at CHSC-Oelwein reported that she had taken a different position and would be leaving January 1, 2026.
- EHDI, UI-SLHC and UI-CHSC-Oelwein decided to suspend diagnostic testing after the already scheduled appointments until a nurse could be hired and trained for the Oelwein clinic.
- Three appointments had been scheduled: One appointment in January and two appointments in February 2026. The UI-CHSC nurse had requested to be able to come back on for these appointments.
  - Following this meeting, UI-IHSC administration decided that the nurse would not be able to come to cover the February appointments, so the decision was made for Linda True to cover the ABR set-up and connection for the tele-ABR for appointments in February.
- The EHDI Team explored other options for coverage during this time to schedule appointments, and to also have a back-up for these types of circumstances.
  - Tammy O'Hollearn scheduled a meeting with the UI-SLHC Clinic. Director, Kellsie Busho, Au.D, CCC-A, to see if students could cover the in-person ABR set-up if needed.
    - Due to concerns of travel time, liability, and utility of practice, Dr. Busho declined to use UI-SLHC students for coverage.
  - Linda and UI-CHSC Oelwein Director, Danielle Wendel discussed the possibility of using the care navigator as the back-up for the nurse, in case they needed to be unexpectedly absent on the date of testing. The current Care Coordinator formerly worked with Early ACCESS.

Additionally, she has experience in a birthing facility with newborn screening and test set-up.

- The Care Coordinator observed testing in February, with brief training on set-up and connection.
- Danielle continues to explore and advocate for the Care Coordinator to be allowed to be the back-up for the Tele-ABR service provision.
  - CHSC administration is concerned about job description scope and weekly time constraints of the Care Coordinator and are discussing the feasibility for occasional practice.
- No solutions were available to cover appointments for March and April 2026.
- On March 4, 2026, Danielle Wendel reported that a nurse had been hired at the Oelwein clinic, who would be starting orientation on April 9, 2026.
- Linda, Julie and the new hire will coordinate times in April 2026 for training and some trial ABR tests.
  - New nurse equipment training will take place on April 22 in Oelwein.
  - A mock ABR will be scheduled with Julie Jeon, Au.D, at UI-SLHC prior to restarting the pilot.
- EHDI's goal is to restart the Oelwein pilot in May 2026 following a two-month hold.
- EHDI is awaiting HHS Administrative Approval on a parent survey to provide EHDI, CHSC-Oelwein, and UI-SLHC with feedback on appointment experiences.
- Questions:
  - Julie: For telehealth, how was Oelwein picked? Was that the closest Clinic?
    - Linda: EHDI worked with CHSC after loss of diagnostic clinics to find a pilot site. There are approximately 11 regional centers through CHSC (map attached below), and Oelwein was chosen to pilot because they had both staffing and office capability for testing ABR.
    - A nurse is on site in Oelwein and available during testing. The audiologist is at the UI-SLHC and uses zoom to connect in for the testing.
    - Through this partnership, the goal is to expand to more sites, as funding allows.
  - Amanda: what do the CHSC regionals look like? Are they all on the Eastern side of Iowa?
    - Linda: No, they are statewide. We looked at areas of need for testing locations as well as capacity for hosting testing.
    - Tonya will send the CHSC Year-in-Review with map that shows their centers (with attachments below).

**Annual Quarterly Diagnostic Reports (Linda)**  
(PowerPoint Slide Presentation attached below)

Review: As a part of prior advisory workgroups, EHDI and audiologist advisory members finalized metrics for QA diagnostic reports. To ensure complete data throughout the hearing healthcare journey, including referral to EI, QA reports are delayed by 6 months.

QA Report Metrics:

- 1-3-6 goals, specifically the 3-month and 6-month goals for diagnosis by 3 months of age and referral to Part-C programs by 6 months of age based on Joint Committee for Infant Hearing (JCIH) Guidelines and CDC/HRSA Grant goals.
  - No more than one outpatient screen prior to diagnostic testing.
  - Repetitive screening delays diagnostic evaluation.
  - Once kids reach 6 months of age, sedation may be indicated. Early referral for diagnostic testing prevents need for sedation.
- No more than one Not-Yet-Determined diagnostic test prior to making determination of hearing status.
- Metrics are given a “grade” of:
  - Exceeds Expectations/Distinguished.
  - Meets Expectations.
  - Non-Compliant.
- QA reports allow opportunity to interact with the facility about what can be done to improve different metric areas or continue the work in areas of success. All data is based on what facility has reported into the EHDI database.
  - Exceptions, such as medical fragility, are noted on the QA reports.
  - The QA report offers suggestions and resources that may help the facility meet expectations/compliance in all areas.
  - QA reports are used to facilitate conversations during site visits.

Site Visit Summary

- EHDI has conducted site visits with 4 facilities since July 2024 to discuss data findings from QA Reports.
- There are 8 facilities at this time in the state, and the goal is to meet with the remaining 4 facilities.
- Site visits allow EHDI to link facilities with best practice resources, review strengths to build upon and discuss possible improvements to protocols or practices indicated in QA reports.
- Tammy has offered to share data or meet with clinic administrators regarding QA report findings.
  - Facility administrators are typically involved with implementing or approving changes in practice.
  - Meeting with facility administrator may help administrators to understand the areas of concern.
    - Example: there may be a need for more staff to sustain best practices.
    - EHDI Staff can meet with a facility administrator to encourage best practices or reinforce protocols that audiologists may not be able to change without administrative approval.

QA Report and Site Visit Summaries

- 2024 Summary:
  - Pilot with Mercy ENT-CR.
  - 8 Diagnostic Facilities for Overall 2024 Data:
    - 2 Facilities – Distinguished.
    - 4 Facilities – Benchmark.
    - 2 Facilities – Non-Compliant.
  - 2 site visits completed in 2024:
    - Blank Pediatric Audiology.
    - University of Iowa Department of Otolaryngology.
- 2025 Summary:
  - Completed reports for Q1 and Q2. Q3 is currently being analyzed, with reports to be sent this month.
  - 8 Diagnostic Facilities.
  - 2 site visits completed thus far in 2025:
    - Iowa Ear Center.
    - Hearing Associates, PC.
  - EHDI will look at site visits for at least two additional facilities prior to the end of year, with the goal to visit all audiology diagnostic facilities within the next year.
  - Site Visit Survey in development and will need to be approved by HHS administration prior to implementation.
- Looking ahead to 2026:
  - Continue quarterly reports and site visits, as needed, based on trends seen within quarterly reports
  - Extend reports to the Oelwein Clinic as well as to MercyOne Waterloo ENT, which had initial diagnostic equipment training with Linda True on 4-1-2026.

### **Out of Hospital (OOH) Birth Data Analysis (Tammy)**

(PowerPoint Slide Presentation attached below)

OOH births have been increasing in Iowa, and Tammy decided to look at the data to see what changes are occurring

- History: EHDI had reached out to midwives and have not gotten a good response, so new outreach implemented:
  - Audiology student in practicum designed materials about newborn hearing screening to send to with midwives.
  - Tammy met with Midwives individually, and data about child development for children with late identification and delayed language learning was discussed.
  - Tammy sent out letter with EHDI data summary and materials created by audiology student. There was a slight increase in screening for children born OOH following the mailing.
  - EHDI provided data the same data to grant funders following analysis.
  - Loaner screening equipment was offered to midwives for hearing screening; however, this is no longer feasible for EHDI.

- Currently, Tammy and the Dried Blood Spot program are working together to identify midwives in need of additional training regarding ramifications for children not screened.
- OOHs have been trending upward in Iowa.
- EHDI has been contacted by several midwives in the past year to improve hearing screening.
  - Some midwives have come into our state from states where there was funding for midwives to purchase equipment.
  - Some midwives have brought hearing screening equipment with them or purchased their own equipment after moving into Iowa.
- EHDI is available to provide technical support to midwives for screening and data entry.
- PowerPoint Slides -- Data Review:
  - Increase in children born outside of the hospital since 2020.
  - Maternal education does appear to make a difference in the number of OOH birth families who refuse newborn hearing screens:
    - The group of mothers who most commonly refuse hearing screening are mothers with less than a high school education.
    - Most recently, more OOH refusals are occurring with mothers who have completed higher levels of education from 2021.
    - Currently mothers with more education than BA degree is the second highest group for OOH births.
  - Vital records provides the language that the parent reports using:
    - Iowa's most prevalent language used in OOH births is English.
    - Second most prevalent is Pennsylvania Dutch/German, which is often seen with high Mennonite and Amish populations; however, this number is decreasing.
    - Smaller number of mother's are Spanish speaking or other languages.
  - WIC status does not seem to be an indicator for OOH births. Most OOH families do not utilize WIC, based on 2020-2024 data.
  - The number of parents who refuse screening has declined, while the number of infants screened has increased.
  - Outcomes:
    - In 2024, there were 896 OOH births across the state.
    - Lost-to-Follow-up (LTF) has slightly increased.
      - For LTF, it is a bit different, because the PCP may not be reported, so it is difficult to have that second contact.
    - Some midwives appear to automatically give the refusal forms out.
    - Phone, text, letter used to contact parents of OOH birthed babies.

#### Questions?

- Kristen: Do we know how many OOH babies are establishing with a PCP?  
Can we pull this data?
  - Tammy will try to pull this, but it is sometimes not a traditional primary provider, such as a chiropractor. Typically, what happens is that the

midwife is reported, but not the PCP. This is especially difficult for families of midwives who do not screen.

- PCPs of infants born OOH are required to help coordinate hearing screening within 1 month of birth, but this does not always happen.

### **Newborn Hearing Screening Review**

[Iowa EHDI Law](#)

[Iowa EHDI Administrative Rules](#)

#### Newborn Screening Section Review

- Coordination of OP Screening with birth hospitals or referral to OP screening facility does not always get done prior to hospital discharge.
- Reporting information – screening, rescreen or diagnosis within 6 business days.
- Sometimes special needs babies or medically fragile babies need to be reported but may not have results within the first few days of life.
  - Results for medically fragile babies will be reported when the child is stable enough to be tested.
- Want to ensure each child is moved through hearing healthcare journey.
- Approximately 2-3/1000 are born with HL and another 3/1000 are diagnosed with late onset HL.
- AAP and JCIH came out with a statement that hearing differences are a developmental emergency, so it is important to report both risks and results to PCPs.
  - Ex. When primary care physicians don't receive a result, they may not know that a child should move to the next step in the hearing healthcare journey.
- Families can decline testing or hearing services at any time.

#### cCMV Screening Section Review

- CMV – if any infant does not pass their second hearing screen, they are to be tested for CMV within the first 21 days of life.
- Tammy will be bringing some analysis for CMV for the July Meeting.

#### EHDI Mission Review

- The EHDI is for oversight: EHDI should be a safety net for services to build a system to support families for families moving through the hearing healthcare journey.
- EHDI systems of care should be sustainable, as federal EHDI funding is not guaranteed.
  - Ex. EHDI family support sometimes must make the referrals to EA following a diagnosis of hearing loss. Audiology providers should be making EA referrals as part of the diagnostic and/or follow-up appointments.
  - Many families are offered EA but may decline EA, initially. Many families are re-referred to EA by EHDI family support, PCP or another provider and then may re-enroll. Sometimes it takes several offers for EA referral.

- Each referral attempt should be documented in child's EHDI database record.
- Non-Part C EI services are also offered in some areas throughout the state, and referrals/enrollment in these services should also be documented in the child's record.
- Audiology Providers need to be able to make more than one attempt at referral for children 0-3 with a diagnosed hearing loss, offering accurate information:
  - EA is a free service.
  - EA is offered statewide.
  - EA offers services in the parent's home or other locations, as needed.
  - EA services are based on parent choices.
- Some families decline initially due to unclear messaging from audiology providers.

#### Questions/Discussion:

- Tonya: Do other states start with service coordination only vs. intervention services? Would it help enrollment families if they discussed things first with a coordinator vs. with a team or providers?
  - Tammy Answer: EHDI is not aware of specific states for services with EI Coordinator only prior to engaging other EI service providers.
  - The [Oberkotter Foundation](#) put out a grant in October 2025 for family navigation from the point of not passing a newborn hearing screening at the hospital through the entire hearing journey, including EI. This effort might lead to something like having a care coordinator vs. EI services right away.
    - Iowa was awarded the Oberkotter grant, with the [EveryStep](#) Program being the grantee. EveryStep will be piloting with Broadlawns and MercyOne Des Moines utilize family navigation. The award began April 1, 2026. Pending pilot success, EveryStep will expand to other hospitals throughout the state in years two and three of the grant.
    - EHDI will work with EveryStep to identify barriers that delay services for hearing healthcare.
    - EveryStep will also provide medical provider education to complement their family navigation support.
  - Stephanie Response: Because there are changes to procedures with AEAs for EA services and hearing testing, when a child is referred due to failed NBS, a "service coordinator first" approach may not be the best fit for that family.
  - Linda Response: It would depend on what the child was referred for. If the child is coming in with the primary concern for additional hearing testing needed, then having services with an EA coordinator only might delay testing. Also, if they have a

- hearing loss, then they would be automatically qualified for hearing services, which would typically include a TDHH.
- Julie Comment: I moved from a state with EHDI having EI coordinated with the School for the Deaf, but in Iowa all children go through the AEA system for both hearing and vision concerns.
    - Susan: ISEBVI staff are currently hired through the AEA system.
      - Julie Response: ISD programs don't work close enough with the AEA, and AEA's don't typically reach out unless the child is failing. ISD does have the knowledge and are the experts in this area.
    - Linda Response: Explained that EA is the state identified Part-C Early Intervention program. EA operates under the AEA/DoE umbrella, although EA is a multiple agency coordinated program with Iowa HHS and Children with Special Health Care Needs.
      - Noted that previously ISD and IESBVI were under the Board of Regents and not the DoE, so the Part-C designation was not given to a program under the Board of Regents umbrella vs. DoE umbrella.
      - EA receiving Part-C EI funding. To change the Part-C designee would require legislative change and is not a change that can be made at an EHDI advisory meeting.
    - Linda requested Tori confirm summary of Part-C designation.
    - Tori Response: This was a simplified summary of a very complicated network. Confirmed Early ACCESS as the identified Part-C Early Intervention provider is governed within Iowa Code, and that changing the Part-C EI designee would require legislative change.
    - Jennifer Proctor Response: EA is very family-driven, and providers try to work with the family to find out what the family's goals are and monitor language development through the ACHIEVE database. As EA providers, TDHHS are working with LEAD-K programming in mind, to attempt to ensure that children are getting contacts with programming and activities, but each individual provider has different levels of knowledge on resources available. EA TDHHS trying to connect with those programs like EHDI Family Support, ISD Family Support Mentoring, Iowa Deafblind program, etc. EA providers take the lead to help families explore what programs and resources they are ready for, and what the needs of the child and family are prior to delivering service.

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### Lunch on Your Own

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### Early ACCESS Referral Data for Hearing Screenings (Annette via Zoom) Review of [House File 2612](#)

- Law outlines the appropriate use of special education funds, and the legislature audits use funds.
-

- Majority of funds are for used special education Part-C or Part-B IDEA services funding.
- With the audit of funding, it was recognized that some service provision being provided “lived” outside of those approved services.
- AEA administrators wanted to ensure services and actions aligned with current law, so adjustments were made at the AEA level to align with regulations of federal and state grant monies received.
- It was determined that children receiving hearing screens were often outside of the funding requirements.
  - For EA, services and practices were adjusted so that the hearing screening requests fell within the EA referral.
  - Starting July 2025, all referrals had to go through EA coordination to look at children globally instead of only hearing screening. Now there is a conversation regarding cognitive, motor, hearing, vision, and developmental concerns with parents.
  - If the concern is due to failed hearing screening, then it is called a “post-referral screening.”
- Data indicates global referral change is what is best for kids and families.
- No questions from Advisory regarding the history or current practice.
- Looked at graphed data – EA on track to exceed the number of referrals for hearing when compared to two years ago (prior to implemented changes).
- It tentatively appears that 2025-2026 referrals related to hearing will be like 2023-2024 data. Annette will share year-end data.
  - As far as referrals specific to hearing, AEAs are continuing to get referrals.
  - There has been an increase of families who decline further EA evaluation after receiving a hearing screening.

#### Discussion/Questions:

- Susan: Where did the data come from?
  - Annette: In Iowa, the data came from ACHIEVE, and all EA referral are logged in ACHIEVE.
- Susan: Did this come through the checked boxes or just the general EA data?
  - Annette: It comes from the same system.
- Amanda: Is this just from Keystone or Statewide?
  - Annette: Statewide (including DM metro).
- Amanda: What is the amount of time it takes for referral to IFSP enrollment or case closure date?
  - Annette: Overall average evaluation is about 30 days. Evaluation time is about 28 days if the case is closed following hearing screening. If a child gets enrolled in an IFSP, the average 35 days from referral to enrollment.
- Tammy: For children that don’t move on any further, does that possibly indicate that they had a normal hearing screening?
  - Annette: Correct, the majority had normal hearing and no other concerns. Children that have had hearing screened and the family opts

to go no further with evaluation has gone from 39 in 2023-2024 to 26 in 2025-2026, thus far. The final 2025-2026 referral number will be shared after year's end.

- Annette thought the majority of those kids that did not continue with evaluation occurred following hearing screening, but the newly implemented referral process does allow families to discuss other screening available through EA and other developmental concerns.
- Looked at differences in AEAs for services and opting out prior to IFSP plan.
- Julie: Do you expect that there will be an increase in services in referrals for hearing services through DoE?
  - Annette: I anticipate there will be continuation in referrals based on [Child Find \(birth – one/birth – three\)](#) campaigns across the state, and not only from need for hearing screening. There is a federal grant around child-find that Iowa has been chosen for.
    - [Center of Excellence in EA](#) has leaders across the state which will hopefully ensure consistency across the state.
  - Tonya: As part of service coordinator training, EA coordinators know about diagnostic providers. This information is part of the orientation provided, so all EA providers would be able to know about pediatric diagnostic audiology providers or be introduced to this information.
  - Stephanie – AEAs provide a script to service coordinators so that they can ask families specifically about hearing screening.
- Tammy: Is the training for services coordinators statewide?
  - Annette and Stephanie indicated it is part of training packet for coordinators.
    - For EA referrals, if a child is found to have a hearing loss, then the team would be looking at cognitive skills, language, adaptive behavior, etc.
- Linda: If a child does not pass hearing screening, are the EA coordinators helping coordinate diagnostic services for the family at a pediatric audiology center?
  - Annette: Not sure how that works regarding the specifics about the role of the service coordinator with next steps, but she will need to dig into this question.
  - Stephanie: The audiologists are supposed to be referring forward for diagnostic testing.
- Linda: Are the educational audiologists reporting back to both the EA coordinator and also the PCP? Audiologists are required by law to contact the PCP with results, but are they also indicating a diagnostic referral is needed? The referral to the PCP should be for audiologic testing, not necessarily medical testing.
  - Stephanie: The audiologists make the referral to the PCP because they can make the audiology referral sooner and may be needed for insurance purposes.

- Jennifer Proctor: It looks like Heartland AEA has really dropped in referrals from three years ago, is that Heartland's overall EA referrals or just referrals for hearing?
  - Annette: Results were not investigated for each AEA; the results are what was obtained from ACHIEVE.
  - Jennifer: But overall, EA referrals as a state has not dropped?
    - Annette: That is correct.
- Julie: What language evaluations are being used to assess language development?
  - Annette: [Day-C](#) tool, then can dive into domains for each area.
  - Tori: Specific to children identified with hearing loss: [SKI-HI](#), [ASL-RST](#), [CASLs](#). There is not a predetermined set of assessments, but the team chooses based on the circumstances. There are eleven assessments that are required to be reported within ACHIEVE, but if a different assessment is used, the team does not need to report the results in ACHIEVE.
    - It is up to the team to decided what the need is based on the questions that need to be answered. The TDHH is pulled in to discuss what assessments should be used.
    - SLPs also have assessment for language acquisition.
- Jenni asked Julie if the Child Find and Evaluation process sounded different than the previous state that she lived in.
  - Julie: Yes, all children were evaluated for spoken English and for ASL based on specific assessment tools and reported that standardized assessments were based on what child needs vs. team decision.
  - Jennifer Proctor: In Iowa, for a child with hearing loss, TDHH is pulled in immediately, and the service coordinator would need to pull in the different providers as needed.

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**Group Discussion – Increasing Use of Best Practices (Tammy):**

Iowa continues to have difficulty in meeting the goal of having diagnostic testing goal met by three months of age. EHDl has discussed possible barriers internally and with other state EHDl programs:

- Changing behavior for providers to increase best practice of 1-3-6 goals and decrease barriers to meeting the 1-3-6 goals.
- How do we get to physicians?
- Do we send out the best practices protocol?
- Badges – quarterly recognition of providers?

Individual Assignment: Put down [at least] three ideas of how to improve best practices:

Share Out:

- Jenni:
  - Person from hospital can review current hearing screening policy and ensure that best practice is followed.
  - Make sure that OP screening is conducted at the appropriate time.

- Not scheduling more than one outpatient visit prior to referring for diagnostic assessment.
- Check with main nurse/nurse manager incorporating new staff for orientation.
- Add review of newborn and outpatient screening to staff meeting agenda.
- Electronic system – extra nurse chores, make sure all nurses are responsible for timely data entry.
- Discussion/Questions:
  - Tammy: Are the hospital electronic health records transferring over to clinics? Can the clinics affiliated see what happens at the birth?
    - Jenni response: For her facility it is Epic, and providers can see what happened.
    - Kristen response: It depends on where you go, and if the hospital and clinics are electronically connected. This has been a problem in the past.
    - Tammy: Sometimes screen results are not included on the discharge summary. [Early and Periodic Screening, Diagnosis and Treatment program \(EPSDT\)](#) per Iowa Medicaid Guidelines, they should be in the discharge summary.
    - Jennifer: Can texting be used for communication with PCPs? She uses text communication for own doctor. Can EHD Advisory prepare templates for doctor for MyChart systems? Could something trigger that?
  - Stephanie: Can QR codes be used to send/receive information?
  - Kristen: Do parents get an electronic form or do all the hospitals utilize a standardized care map? Is there a standardized care map?
    - Tammy Response: Every hospital does this differently, but [EHD does have a map](#). We could send out the care map to be part of the discharge paperwork. Some hospitals put the hearing screening on the discharge summary, and some put on the map in the hearing test section. Some hospitals use cards with hearing screen results placed in bassinets, and some use the electronic letters from the EHD database. We can encourage people to use [the map and attach](#) to the discharge summary.
  - Julie: Could information be shared/attached with families if a young child did not pass? Can the families have something that outlines available services? Do we have something like that?
    - Tammy Response: EHD did have a map of resources, but we could revisit the resource and see if it is something that could be attached to the discharge summary.

- Emily:

- Helping empower parents to push for advanced testing.
- If parents know that there is a timeline, then maybe we could advocate for that.
- Tammy: I have advocated at the national level for a public service announcement regarding hearing screening for providers and parents.
- Linda: Would this be better prior to the birth or after? If after the birth, what would be the best time?
  - Emily Response: I think following the first screening.
- Emily: Would pre-natal social media be helpful? Hospital Facebook pages? Pre-natal education?
  - Tammy Response: EHDI could create some of the messaging, send out and get providers to maybe put that out or EHDI could consider sending directly.
- Emily: Do we send things to birthing classes that parent could have before a baby?
  - Tammy: EHDI has sent resources to the childbirth educators in the past with mixed use. This has changed with having more online/virtual (less in person meetings), but if we create it, we could again send it to childbirth educators.
  - Jenni advised that many parents watch through Tick-Tock.
- Tori:
  - Public libraries be utilized for messaging. Tori wondered if there could be information in the self-help section, or pregnancy books in the children's sections with information about newborn hearing screening for mothers to see?
- Michelle:
  - QR codes make it very easy to access resources.
  - Even if people are using phones, links or cards when they leave the hospital, could a QR code be put on it to access resources? The messaging is quicker.
- Heather:
  - Looking for more buy-in for primary care providers to move children on through the hearing healthcare system more quickly. Sometimes it is difficult to get that message to PCPs.
  - Some PCPs believe children must be 6 months old for ABR testing.
  - Linda: Sometimes there is a conflation of what can happen for medical management and audiologic management
  - Megan: Some PCPs think all ABRs need sedation, and sometimes that is mis-messaging.
  - Tammy Response: Discussed the Provider Education Connection, a TA center for AAP, new guidelines they plan to add to their website. There is concern about how best practice information gets to providers directly and is not just placed on the website. There is currently an effort to update Bright Futures document for best practices.
    - Tammy gave example of nurse practitioner who was able to catch a child who did not have results reported correctly in the EHDI

database but was reported correctly to them through other means.

- Tammy:
  - Badges for compliance are used in some states.
  - Currently EHDI sends quarterly reports for birthing facilities, some pay attention to reports and some don't.
  - It can be difficult when trying to work through different health systems to get information passed to physicians.
  - Could information go directly through health system data systems instead of going through their newsletter or letter from HHS EHDI?
    - Kristen: A health system would be a great place, like Unity Point or MercyOne systems, but how much is there a miss between education or is there a miss between the window of notification? What should be focused on the most? Kristen would be interested in the breakdown of the point of where a child gets lost. Is it in a particular area of the state or within particular system?
  - Amanda: Does that include the southwest corner of Iowa? Do we get information from border states?
    - Linda: We often get information from border states, either the practice or EHDI program within that state. Iowa EHDI has good relationships with many border states and facilities of border states.
    - Tammy: Some providers within bordering states (e.g., Boys Town) do a better job reporting hearing test results to Iowa EHDI than in state providers.
- Julie:
  - Word choice can impact messaging to parents. What do providers tell parents following screening? How are hearing test results and follow-up information being conveyed to parents?
  - Tammy: Iowa EHDI information says, "did not pass." The JCIH has gone from one extreme to the other with terminology. Iowa EHDI does not use the word "fail" in our documents or education.
    - The communication that comes out uses hearing differences vs. hearing loss.
    - Iowa has moved away from using "refer," and uses "did not pass."
  - Amanda: As a deaf individual with hearing children, her perspective from how the parents are given information seems to be negative. There was a lot of unnecessary pressure to talk about the impact of hearing loss in terms of obtaining amplification versus emphasizing at language access from a cultural perspective.

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#### **Workgroups – 1 Pager (Heather):**

- Types of Hearing Tests (explain testing for families):
  - Tammy Facilitate.
    - Megan Palmer, Stephanie Childers, Jody Albertson, Jennifer Macke.

- Technology (hearing aids, CIs, BAHA – care, putting on or taking off, things to look out for or dos and don'ts):
  - Linda to facilitate.
    - Jennifer Proctor, Susan Brennan, Tori Carsrud, Tonya Krueger, Michelle Vaccaro.
  - Look through materials for different devices.
  - Funding QR?
- Safety for DHH Children:
  - Heather to facilitate.
    - Amanda Miller, Julie Bustos, Emily Brandt, Chantel Broome, Kirsten Moriarty, Interpreters.
- Does the resource exist that we can pull from or tweak? Can we combine resources into a concise document for other family members (e.g. grandparents), daycare, babysitters, etc.
- Looked through Resources and Workgroups discussed what they would like in each 1-Page Handout.
- EHDI team will discuss with Heather Dirks each workgroup input.
- Discussion of drafts at July Advisory Meeting.

**Closing - Questions or Discussion**

Next Meeting Topics (July 9, 2026):

- EHDI 1-3-6 Data, Data Analysis.
- Survey Analysis.
- Kansas Presentation on Language Acquisition.
- Other Topics?
  - No Topics Presented or Submitted for Consideration.
- Meeting Adjourned.

**Notice of cancellation for any special accommodations needed to participate in this meeting must be made no less than 72 hours in advance of the meeting.**

**Upcoming meeting dates for 2026:** July 9 and October 8



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**Iowa School  
for the Deaf**

## Outreach Services

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Julie Biebs, M.S.  
Director of Outreach

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### Vision Statement

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*Iowa School for the Deaf is the statewide resource that provides optimal education for students who are deaf or hard of hearing to prepare for adult life.*




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### ISD Outreach Department

Family Resources Program	Expanded Learning Programs	Language Resources Program	Literacy	Assessments	Family Support Mentoring Program
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### Family Resources Program

Collaborates with the Department of Education, Area Education Agencies, Early Hearing Detection and Intervention, and ASK Resources.

Integrates a multidisciplinary approach to supporting families with D/HH children

A few things we offer:

- Workshops and ASL classes
- Lif Paws Weekend Camp
- Monthly ASL Storytelling events




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### Extended Learning Programs



Provides Expanded Core Curriculum to students, families, and professionals through the following:

- Explore ASL
- Deaf Culture Celebration
- Signing & Saying Symposium (S3)
- Consultations, workshops and webinars as requested by the community or professionals working with D/HH learners




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### Extended Learning Program Events




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### Language Resources

**Interpreter Services:**

- Interpreting Intensive Study
- Immersion Conference
- LAMP Mentoring Program
- Skills Evaluations
- Pre-Hire Screenings

**Learner Services:**

- Sign Language Proficiency Interview (SLPI) for the Seal of Biliteracy
- Deaf Language Coach Program (fee for service)
- Interpreter Readiness Assessment




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### Literacy



**Support for TDHHs**

- BGC Materials

**Resource Library**

- Books
- DVD s

**YouTube Channel**


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### Assessment Program



Receptive Language




Expressive Language



Pragmatic Language

Assessments are conducted within 30 days of request at the learner's school.




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### Family Support Mentoring Program



Implemented in response to the passing of House File 604 in 2022, also known as the LEAD-K bill.

Family Support Mentoring includes:

- Deaf Mentoring
- Inspire to Empower Mentoring
- Family to Family Mentoring (Fall 2026)

Family-centered gatherings statewide and virtual events such as Fall Pumpkin Patch Days and Winter BINGO




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### Family Support Mentoring Updates

#### 2024-25

- 6 families enrolled

#### 2025-26

- 19 families enrolled
- 10 awaiting assignment\*

#### Barriers we are facing:

- Misconceptions of requirements
- Spanish-speaking families
- Difficulties connecting with busy families
- Geographical locations of our Mentors and where the need for services are




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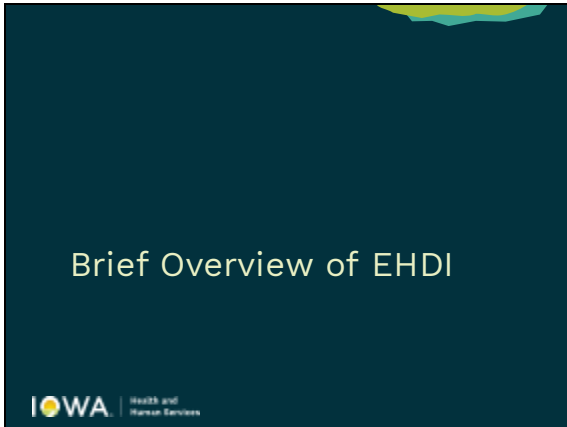
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Law and Iowa Administrative Code

- Requires
  - Universal screening of all infants (prior to hospital discharge or upon primary care provider assuming care for out of hospital birth (OOH) infants
  - Any provider conducting hearing screen, re-screen or diagnostic hearing test for children under 3 are required to report to HHS Ehdi.
  - Facilitation of data to HHS to enhance capacity of practitioners to provide services to infants & families
  - Reporting within six days of birth unless infants is medically fragile and six business days of screening/assessment

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## Why is Hearing Screening Important

- Hearing differences are the most frequently occurring birth defect. Approximately 2-3 per 1,000 babies born in US have some level of hearing difference. Another 3 per 1,000 will develop hearing differences in early childhood (late onset).
- Children with hearing differences typically born to hearing parents (over 90%).
- American Academy of Pediatrics considers hearing differences to be a **Developmental Emergency**.
- Without EI, especially language acquisition, children with hearing differences are at risk of falling behind typically-hearing peers in language, social-emotional, and academic skills.

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## What is EHDI?

### Early Hearing Detection and Intervention (EHDI) Program

**Mission:** Iowa's EHDI program works to ensure all newborns and toddlers with hearing differences are identified as early as possible and provided with timely and appropriate audiological, educational, medical intervention and family support.

- EHDI provides administrative oversight, including follow-up activities for EHDI programming within Iowa
- EHDI program provides hearing screening surveillance and follow-up for infants under the age of 3
- EHDI program is a safety net for children who do not make it through the hearing healthcare journey or are identified with a late onset or progressive hearing difference
- EHDI program is responsible for building an infrastructure to meet the national 1-3-6 goals (see slide 8) and meet requirements of federal grant funders




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## OOH Birth Data, 2020-2024




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## What does this data tell us?

Increased number of OOH births between 2020-2024.

Number of OOH birth families refusing hearing screens has declined in the last five years (66% to 54%).

The number of OOH birth families who have had their infants hearing screened has increased in the last five years (25-38%).

The maternal education status among those that refused screening is highest among mothers with less than a high school degree.

The number of mothers with a college education is the second highest category in maternal age for OOH births.

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## What does this data tell us cont'd?

- The maternal education status among those that refused screening is highest among mothers with less than a high school degree.
- The number of mothers with a college education is the second highest category in maternal age for OOH births.
- English language speakers make up the largest group for OOH births followed by PA Dutch/German. English appears to be increasing while PA Dutch/German is decreasing.



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## Questions???

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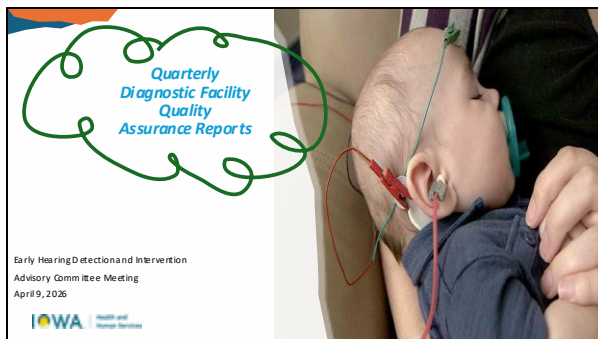
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### EHDI Advisory Created Metrics for Quality Assurance Reports in 2024 - 2025:

- Diagnosis by 3 months of age (JCIH, HRSA)
- Referral to Early Intervention Part-C Program within 7 days of diagnosis (JCIH)
- Reporting to EHDI Database within 6 business days (Iowa Law)
- No more than one outpatient screening for a child prior to diagnostic test (regardless of facility conducting outpatient screening) (JCIH)
- No more than one Not-Yet-Determined diagnostic test prior to making determination of hearing (JCIH, Current Research Best Practice)

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**IOWA** | Health and Human Services

**Diagnostic Facility Quality Assurance Reports**

Quarterly diagnostic facility quality assurance reports will be included in the EHDI program during the 2024-2025 fiscal year. The data for this report will be pulled from the Iowa Health and Human Services Information System (IHSIS). This data represents the diagnostic facility's performance in terms of identifying children who are at risk for hearing loss, the diagnostic facility's adherence to the state's diagnostic facility requirements, and the facility's adherence to the state's reporting requirements. The data will be used to identify areas for improvement and to provide feedback to diagnostic facilities. The data will also be used to inform the state's hearing loss prevention efforts.

Additional information on the EHDI advisory committee can be found at [ehdi.iowa.gov](https://ehdi.iowa.gov) or by contacting the EHDI program at [ehdi@iowa.gov](mailto:ehdi@iowa.gov). For more information on the diagnostic facility quality assurance reports, please contact the EHDI program at [ehdi@iowa.gov](mailto:ehdi@iowa.gov).

1. Diagnostic facility 3 months of age identifying type of hearing loss based on JCIH 2019 criteria and standard deviation (SD) score.
2. Diagnostic facility 3 months of age identifying type of hearing loss with type of hearing loss identified when referred. Complete for all JCIH 2019 standard deviation (SD) scores.
3. Reporting of diagnostic facility to EHDI database within 6 business days as mandated by Iowa law.
4. Complete Diagnostic Facility Report to EHDI database within 6 business days.

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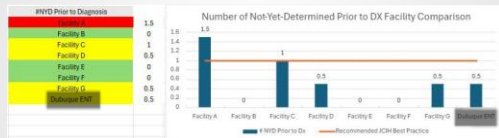
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### Each Facility's Data Was Then Compared To The Other Diagnostic Facilities In The State:




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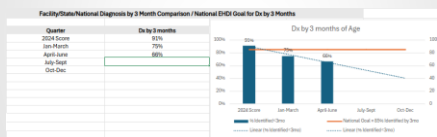
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### QA Reports Allow EHDl Staff To Offer Resources And Support For Downward Trends:




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### Explanation Of The Graphed Metrics Are Sent With A Quarterly Report To Each Diagnostic Facility:



#### Individual QA Report - [Redacted]

- Strength Areas:**
- 1) Identification of children within the 3-month recommended guideline for children without medically fragile conditions.
  - 2) Through [Redacted] progress by 17 months of age without unnecessary tests of hearing. Documented concerns have been non-completed in the first quarter, or diagnosed in the last two quarters.
  - 3) Reporting in the HDS system was generally within the legally mandated guideline.
    - a. Note that one or two children in a quarter that are not reported in a timely manner causes a significantly adverse impact to the results for an entire quarter for children needing diagnostic testing.
- Opportunities for Improvement:**
- 1) Reduce return or a higher rate than is recommended for screening only and are moved on to diagnostic Auditory Brainstem Response testing with more than 1 additional screening. Children who were medically fragile and could not withstand Auditory Brainstem Response testing were returned. They were very close to benchmark for several quarters. If parents decline to proceed to diagnostic ABR testing following pediatrician recommendations, please make a note in the general case notes, hearing case notes, case management notes or notes section in the appropriate page of the audiology assessment.
    - a. Are Medically Fragile (MFL) babies (HMD) once stable using diagnostic audiology assessments to reduce their return, with additionally taking out ABR and hearing concerns while in hospital setting?
    - b. Calling hearing diagnostic return form if parents choose to decline diagnostic ABR testing and continue screening.

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QA Reports Offer Suggestions To Facilitate Discussion Within The Diagnostic Facility To Improve Compliance To Identified Best Practices

**Case notes:**

- 1) Instead of noting that a child is "turned over to the state," please note that the medical home/primary care provider is the chosen entity for ensuring that children receive timely follow-up and are moved through the system of care. You may note that communication has been made to the primary care provider, or a letter to a provider may be uploaded into the system noting that families are unresponsive. Please note that families may have access to these records and may find that wording "turning over to the state" offensive or meaning something other than intended. EHD follow-up is a safety net. Good communication of the child's hearing healthcare team is necessary to reduce lost-to-follow-up numbers.
- 2) If changes are noted from the initial EHD record, such as name changes, updates to preferred language used, additional telephone numbers or emails, changes to primary medical care provider, or updates to risks factors, please make sure that those changes are made to the record, a case note is made, and/or an email is sent to follow-up coordination staff to update the record, as mandated by current Iowa Code.

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**Site Visits Also Allow EHD Staff and Diagnostic Facilities to Discuss QA Reports and Trends:**

- Discussion of QA Report
- EHD Staff Follow-up with Resources
- Discussion of Trends
- EHD Staff Can Link Facilities to Improve Practices
- Recommendations for Improvement
- Ex. ABR Improvements
- Discussion of Barriers to Improvement

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**The EHD Team Looks to Improve Our Practice:**

<b>2025</b>	<b>2026</b>
<ul style="list-style-type: none"> <li>• Piloted QA Reports with Facility Prior to Onset to Ensure Readability and Cohesiveness</li> <li>• On going Feedback from Reports                             <ul style="list-style-type: none"> <li>• Ex. Change if unknown circumstances</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Creating Survey for Post Site Visit Feedback:                             <ul style="list-style-type: none"> <li>• Utility of QA Report Feedback</li> <li>• Resources Needed for Facilities</li> <li>• Feedback for Provider Education</li> </ul> </li> </ul>

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Questions ???



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