



# **Audiology Guidelines for Diagnostic Centers during an Emergency**

In response to the COVID-19 pandemic, an Audiology Workgroup was formed by the Ohio (OH) Department of Health to develop guidelines for diagnostic centers who provide infant audiologic assessments. Workgroup members included audiologists from pediatric practices and children's hospitals across the state who recognized the growing issue of reduced follow-up after referral on the newborn hearing screening due to severe restriction of outpatient services in response to the COVID-19 pandemic. The overall goal of this initiative was to provide temporary evidence-based guidance to diagnostic centers regarding triage and prioritization of infants for diagnostic testing when typical patient services resumed in anticipation of a surge in infants requiring follow-up.

The expected outcomes of this initiative were two-fold: 1) To ensure timely diagnosis of congenital hearing loss per <u>2019 Joint</u> <u>Committee on Infant Hearing (JCIH)</u> recommendations for diagnosis by 3 months, and 2) To reduce the likelihood of loss-to-follow-up due to interruption of typical clinical services.

Note: Guidelines were developed specifically for the COVID-19 pandemic but could serve as a Promising Practice for other state emergencies.

## RECOMMENDATIONS DEVELOPED

- <u>Temporary Recommendations for OH Early Hearing Detection and Intervention (EHDI) Infant Audiologic Diagnostic Recovery Planning</u>. These recommendations provide clinical guidance for:
  - continued diagnostic services for infants less than 6 months of age who did not pass the newborn hearing screening at birth during the COVID-19 pandemic
  - temporary recommendations on triaging of infants who did not pass the newborn hearing screening and/or infants who need additional testing to confirm diagnosis
  - facilitation of timely follow-up in accordance with recommendations from the JCIH and the OH EHDI Program
- Temporary Recommendations for OH EHDI Infant Audiologic Diagnostic Recovery. The priority scale (see page 2 of Temporary Recommendations for OH EHDI Infant Audiologic Diagnostic Recovery) can assist clinics in triaging infants who did not pass the newborn hearing screening during interruptions in clinical service delivery due to COVID-19 and are awaiting diagnostic testing or infants who need confirmatory testing.
- "Crash and Catch up: Follow up Protocols in Response to Covid 19." This presentation reviewed how COVID-19 impacted screening, diagnostic testing, and confirmation of hearing loss in OH as well as steps taken by the state EHDI program and audiologists across the state to build the above emergency guidelines. Obstacles to success and plans for the ongoing downstream impact were also reviewed.







## **IMPLEMENTATION STRATEGIES**

- Complete infant audiologic diagnostic tests after referrals given the importance of newborn hearing screening even during a global crisis.
- Prioritize diagnostic referrals for infants with risk factors for congenital hearing loss, as well as those who referred on the newborn hearing screening for both ears and are relatively older to ensure timely diagnosis for those most at risk for developmentally significant hearing loss.
- Use surge scheduling solutions to prioritize infant diagnostic assessment and ensure referral to the state's Early Intervention program so that both the diagnostic and early intervention steps of the EHDI process are facilitated during times of crisis.

#### **HOW PEDIATRICIANS CAN SUPPORT THIS WORK**

- Create an easy communication channel between your practice and local birth hospitals to receive newborn hearing screening results.
- Document official results in patient electronic medical records to ensure the correct screening results are known to you
  and the child's entire care team.
- Connect with your local pediatric audiologists and otolaryngologists to create a direct referral process to schedule diagnostics for all children in need of ear and hearing care.
- Invite a pediatric audiologist and pediatric otolaryngologist into your practice annually for updates on how best to partner and support kids at risk for hearing loss.
- Connect with your state Department of Health for potential initiatives that relate to EHDI.

## **OUTCOMES**

- The workgroup currently has <u>outcomes</u> related to timing of infant diagnostic testing throughout the early part of the COVID-19 pandemic as well as loss-to-follow-up statistics from March 2020 through September 2020.
- Additional data analyses are pending to evaluate the effectiveness of this intervention and the current state of OH EHDI system as it relates to the COVID-19 pandemic.
- The Workgroup will continue its efforts with leadership at the OH Department of Health to evaluate effectiveness of intervention/information already provided and to address additional areas of need.

#### **BACKGROUND INFORMATION**

The OH Department of Health's Infant Hearing Program follows the goals of the JCIH for EHDI. These goals include newborn hearing screening, diagnostic audiologic evaluation, and referral for early intervention. OH EHDI program follows the 0-3-6-month goals per the OH Revised Code 3701.509 and Ohio Administrative Code 3701-40.

- Type of Practice: Statewide Collaborative
- City/State: Columbus, OH
- Population Served: This initiative was specifically aimed at the infant population in OH, however stakeholders who were
  involved with the initiative serve children 0-21 across the state. It is expected that the Covid-19 pandemic will have
  downstream effects on the timely diagnosis of hearing loss in young children beyond infancy.

## **CONTACT INFORMATION**

- For more information, contact <u>Ursula M. Findlen</u>, PhD, Director of Audiology Research, <u>Nationwide Children's Hospital</u>.
- For more information about American Academy of Pediatrics (AAP) EHDI program, visit aap.org/ehdi.

'The 0-3-6 model is different than the **EHDI 1-3-6 model**, which supports screening by 1 month of age, whereas the OH program ensures all newborns receive a hearing screening before hospital discharge. Legislation in OH requires all babies a receive the hearing screening before hospital discharge to find risk for hearing loss.



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