Newborn Hearing Screening Program Checklist

This checklist may be used to determine how well EHDI programs are meeting the Joint Committee on Infant Hearing (JCIH) recommendations. The categories JCIH designated as having key updates in the 2007 Position Statement define the areas for examining existing programs. For each “No” answer, a review of that program component is suggested to determine the feasibility of modifying the current program to reach the recommended guidelines.

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<table>
<thead>
<tr>
<th>1. Definition of targeted hearing loss</th>
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<tr>
<td>• Does your program’s definition of hearing loss targeted for identification through your newborn hearing screening include congenital</td>
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<tr>
<td>o sensory hearing loss that is unilateral or bilateral?</td>
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<tr>
<td>o permanent conductive hearing loss that is unilateral or bilateral?</td>
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<td>o neural hearing loss that is unilateral or bilateral?</td>
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<th>2. Hearing-screening and rescreening protocols</th>
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<tr>
<td>• Does your program refer infants who do not pass AABR screenings in the NICU directly to an audiologist for rescreening?</td>
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<td>• Are infants rescreened bilaterally upon referring the initial hearing screening even if only one ear fails the initial screening?</td>
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</table>
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- When infants are readmitted in the first month of life when there are conditions associated with potential hearing loss (for instance, hyperbilirubinemia that requires exchange transfusion or culture-positive sepsis), is a repeat hearing screening performed before hospital discharge? □ Yes □ No

- Does your program have a mechanism to screen home births and other out-of-hospital births? □ Yes □ No

- Does your program have a mechanism in place to contact families to arrange for a hearing screening for babies who are missed or otherwise discharged before a hearing screening has been performed? □ Yes □ No

- Does your program’s infant discharge summary contain information about hearing screening status for infants who are transferred? □ Yes □ No

3. Diagnostic audiology evaluation

- Do you have a list of professionals in your area who provide diagnostic services to infants and young children who are deaf or hard of hearing in your area? □ Yes □ No

- Do you know which of your referral sources accept Medicaid? □ Yes □ No

- Do you know which referral sources have interpreters available? □ Yes □ No

- Does your program provide ABR testing as part of the complete diagnostic hearing evaluation for children younger than 3 for confirmation of permanent hearing loss? □ Yes □ No

- Does your program recommend hearing reevaluations for infants with risk indicators based on their relative likelihood of a delayed-onset hearing loss? □ Yes □ No

- Who provides ongoing surveillance for infants and young children with risk indicators for late onset or progressive hearing loss? □ Yes □ No
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## 4. Medical evaluation

- Do you have a list of referral sources in your area that provide:
  - genetics consultations for infants and young children with hearing loss and their families? □Yes □No
  - otolaryngology services? □Yes □No
  - vision evaluations? □Yes □No

- Do you know which of your referral sources accept Medicaid? □Yes □No

- Do you know which of your referral sources have interpreters available? □Yes □No

- Are your medical referral sources aware of the single list of risk factors for congenital and acquired hearing loss? □Yes □No

## 5. Early intervention

- Are all families of infants with any degree of bilateral or unilateral hearing loss eligible for early intervention services? □Yes □No

- Do you have a current list of professionals providing early intervention services appropriate for infants and young children who are deaf or hard of hearing and their families, including (but not limited to) audiologists, speech-language pathologists, and educators of the deaf? □Yes □No

- Does your program have access to a single point of entry for specialty services for infants and young children with hearing loss? □Yes □No

- Do your early intervention services provide both home-based and center-based options for families of infants and young children with hearing loss? □Yes □No

- Do your early intervention service providers ensure that infants and young children with hearing loss receive routine developmental assessments at 6 month intervals throughout the first 3 years of life? □Yes □No

## 6. Surveillance and screening in the medical home

- Are the professionals providing the medical home for your infants familiar with the AAP pediatric periodicity schedule outlining regular surveillance of developmental milestones, auditory skills, parental concerns, and middle-ear status that should be performed in the medical home with validated assessment tools at 9, 18, and 24–30 months of age? □Yes □No
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- Are infants and young children who do not pass the speech-language portion of the global screening referred for speech-language evaluations and audiology assessments?  □ Yes  □ No

### 7. Communication

- Does your program provide results of the initial hearing screening to parents and the infants’ medical home?  □ Yes  □ No
- Are communications with parents confidential and presented in a caring and sensitive manner, preferably face-to-face?  □ Yes  □ No
- Are parents provided the appropriate follow-up and resource information when further screening or assessment is needed?  □ Yes  □ No
- Are materials that are disseminated to families providing accurate information at an appropriate reading level and in a language that they are able to comprehend?  □ Yes  □ No
- Does your program ensure that each infant is linked to a medical home?  □ Yes  □ No
- Is information at each stage of the EHDI process communicated to families in a culturally sensitive and understandable format?  □ Yes  □ No
- Is individual hearing screening information, diagnostic information, and habilitation information conveyed promptly to the medical home and to the state EHDI coordinator?  □ Yes  □ No
- Are families of infants and young children with confirmed permanent hearing loss provided information regarding all communication options and available hearing technologies in a complete and unbiased manner? Are informed family choices and desired family outcomes used to guide the decision-making process?  □ Yes  □ No

### 8. Information infrastructure

- Has your state implemented data management and tracking systems as part of an integrated health information system to monitor the quality of EHDI services and to provide recommendations for improving systems of care?  □ Yes  □ No
- Is there an effective link between health care providers and educational service providers to ensure successful transitions and to determine outcomes of infants and young children with hearing loss for purposes of planning and establishing public health policy?  □ Yes  □ No