

Continuation of Evaluation Criteria for Each Evaluation Question

Question #1

1.3 A summary of number of infants screened before discharge or by 1 month of age, number screened before one month, and number of families who refuse screening is reported. 1.4 Information on Infant Hearing and the Screening Process, including a summary of the number of pregnant women who received information before delivery or at the time of delivery 1.5 Samples of culturally sensitive brochures/materials can be provided and are developed in Chuukese, Pohnpeian, Yapese, and Kosraean 1.6 Out of Hospital Births: A summary is reported of the number/percent of infants not born in the remote outer islands are listed and tracked by each State FSM-EHDI Coordinators and assurance is developed to screen the infant prior to 1 month of age; and a summary of number of infants born out of hospitals, dispensaries, clinics, community health centers and have received a hearing screening before one month of age is reported from data collection. 1.7 Reporting: Samples of audiological forms are available and a protocol for providing results of hearing screening when reported to parents and primary care provider is established and reflected in training materials. When forms are for parents they are culturally sensitive brochures/materials can be provided and are in Yapese, Kosraean, Chuukese, or Pohnpeian. 1.8 Linkage and Referral to Audiological Follow Up: Summary is reported by State and at the National level of number/percent of infants who do not pass the initial screen (inpatient or outpatient and results of both ears) and number/percent of infants who do not pass the initial screen and are referred for DAE. 1.9 Education and Training: A report of the yearly or semi-annual list of training sessions completed, including topics, training outlines, list of screeners, nurses and physicians trained. A summary of rating of training experiences can be reported by FSM-TSI. 1.10 Hearing screening protocol: A sample copy of the hearing screening protocol from each of the States can be provided. 1.11 DAE protocol: A sample copy of the DAE protocol from each of the States can be provided. 1.12 Early Intervention Services: A sample copy of the early intervention plans or formats used in each of the States can be provided.

Question #3

3.4 A listing of the number of pediatricians, family physicians, nurse practitioners, midwives, etc. that provide primary care for infants/children with hearing loss is available for review. 3.5 In order to determine if there is collaboration between the medical home, early intervention, and the family in connecting families, parent support networks, and parent-to-parent groups, a survey of parents of children with hearing loss and have early intervention plans on file will be conducted to look at satisfaction levels of families. 3.6 A sample of the FSM-EHDI Resource Guide provided to physicians and other primary care providers will reflect unbiased information regarding early intervention strategies. 3.7 A plan to provide information on early intervention to each infant/child's medical home is in place and integrated into State and National level operating procedures. 3.8 A roster of parents who participated in the development and evaluation of the medical home is available for review. 3.9 Surveys used or other mechanisms for parent input in the

development and evaluation of the medical home will be examined to provide evidence of parent input to the process. 3.10 A summary of the number/percent of infants with a documented medical home is available. 3.11 A sample of the running log of the child's primary care provider at birth, 1, 3, 6, and 12 months is available for review for any child served under FSM-EHDI.

Question #4

4.6 The FSM-EHDI Policies and Procedures Manual will reflect a clear statement regarding privacy and confidentiality of data in the FSM-EHDI Tracking and Surveillance System. 4.7 A summary of the number/percent of infants born and screened can be reported. 4.8 A summary of number/percent of matches with vital statistic records from vital statistics can be reported. 4.9 A summary of number/percent of infants with risk factors can be reported. 4.10 A summary of the number and type of risk factors for each infant can be reported. 4.11 A report which summarizes the survey of parent concerns and issues is available for review and is integrated into service improvement over the 2 year grant cycle and set in place as part of the continuing service improvement for FSM-EHDI. 4.12 A list of core data items can be generated from the FSM-EHDI Tracking and Surveillance System, including initial screening, repeat screening, diagnostic evaluation and intervention. 4.13 FSM-EHDI will provide the linkage mechanism for hospitals, audiologists, and other health care providers to report hearing screening results, evaluations, and interventions. A summary report of the number/percent of infants screened which includes results for each ear, technology used, and age at screening. 4.14 FSM-EHDI will provide the linkage mechanism for hospitals, audiologists, and other health care providers to report hearing screening results, evaluations, and interventions. A summary of the number of health care providers that have protocols for reporting hearing screening results, evaluations, and interventions can be reported. 4.15 A summary of the number/percent of infants/children who need follow up can be reported on a weekly basis using the FSM-EHDI Tracking and Surveillance System. 4.16 A summary report of the number/percent of infants/children who receive follow up can be reported on a weekly basis using the FSM-EHDI Tracking and Surveillance System.