

**NCHAM Tele-Audiology Learning Community Planning Tool**

Use this form to record new ideas you would like to pursue to guide your tele-audiology efforts in the next few months. Please fill in the text boxes in this form, save, and email to Jeff Hoffman at jeff.hoffman@infanthearing.org. Thank you.

**Audiology Facility:** Click or tap here to enter text. **State:** Click or tap here to enter text.

**Name:** Click or tap here to enter text. **Email:** Click or tap here to enter text.

**1. Describe the overall scope of your facility’s new tele-audiology activities in the next few months** (e.g., type of services, locations, personnel, etc.).

*What do you plan to do?* Click or tap here to enter text.

**2. Determine Need and Available Resources** (e.g., areas of greatest need, resources to cover demand, etc.).

*What are the greatest needs for remote audiological services for children birth to five years?*

Click or tap here to enter text.

*List the resources, including IT support, available to meet those needs.*

Click or tap here to enter text.

**3. Technology and Set-up** (e.g., security/privacy, software, hardware/equipment, etc.).

*What conferencing platform (Zoom, WebEx, etc.) do you use or plan to use?*

Click or tap here to enter text.

*What equipment do you have available for tele-audiology?*

Click or tap here to enter text.

*What equipment will you need to acquire to conduct tele-audiology?*

Click or tap here to enter text.

**4. Program Procedures and Protocols** (staff training, scheduling, etc.).

*If providing audiological evaluations, what diagnostic protocols will you follow?*

Click or tap here to enter text.

*If providing hearing aid and/or cochlear implant adjustments and/or troubleshooting, how will the services be accomplished?*

Click or tap here to enter text.

*How will the persons at the remote site(s) be oriented and/or trained?*

Click or tap here to enter text.

**5. Regulations and Reimbursement**

*What state regulations permit or restrict tele-audiology services, either temporarily or permanently?*

Click or tap here to enter text.

*How will you be reimbursed for your services?*

Click or tap here to enter text.

**6. Measuring Outcomes** **and Quality Improvement** (e.g., family satisfaction, provider, service outcomes, etc.).

*How do you plan to measure the results of your tele-audiology project?*

Click or tap here to enter text.

*What questions do you have about the PDSA Quality Improvement cycle (see PDSA Worksheet in Quality Improvement section of the Learning Community)?*

Click or tap here to enter text.

**7. Discussion of your Plan.**

When would be a convenient time to discuss by phone or Zoom meeting your plans and possible technical support? (Note: Please include Time Zone)

Click or tap here to enter text.