

## Clinic Quality Assurance Checklist for Early Hearing Detection

This checklist can be used to determine how well your clinic is meeting Minnesota guidelines for newborn hearing screening and the Joint Committee on Infant Hearing (JCIH) recommendations.

For each "No" answer, review that component of the program to determine the feasibility of modifying the current process to reach the recommended guidelines.

Hearing Screening and Rescreening Protocols				
Does your clinic have a process in place to ensure that all newborn hearing screens are received and reviewed?	Yes	☐ No		
Does your clinic work with local hospitals to ensure that rescreens are scheduled before the infant is discharged?	Yes	☐ No		
Do relevant staff receive training on the importance of newborn hearing screening/early hearing detection and recommended protocols?	Yes	☐ No		
Is there a system in place to make sure rescreening is completed <b>by 1 month of age</b> for infants who did not pass their hearing screen?	Yes	☐ No		
Does your clinic have a mechanism to screen home births or babies who are missed in the hospital?	Yes	☐ No		
Does your clinic schedule infants who do not pass hearing screening in the NICU directly with an audiologist for evaluation?	Yes	☐ No		
Are infants rescreened bilaterally upon not passing the initial hearing screening even if only one ear fails the initial screening?	Yes	☐ No		

Hearing Screening and Rescreening Protocols, cont'd				
Does your clinic contact families who have not attended scheduled hearing appointments?	Yes	☐ No		
Diagnostic Evaluations				
Does your clinic assist families in scheduling recommended follow-up appointments before they leave?	Yes	☐ No		
Does your clinic refer to diagnostic audiology providers who utilize best practices and provide evidence-based diagnoses for both ears by <b>no later than 3 months</b> ?	Yes	☐ No		
Is there a system in place to make sure underlying sensorineural hearing loss is ruled out for both ears <b>no later than 3 months</b> , even if fluid is present?	Yes	☐ No		
Is complete assessment of unilateral hearing loss (including type and degree) accomplished <b>no later than 3 months of age</b> ?	Yes	☐ No		
Does your clinic follow up with families after they have been referred for audiologic evaluation to make sure the family attended or scheduled the appointment?	Yes	☐ No		
Ongoing surveillance and screening				
Does your clinic refer children with one or more risk factors for delayed onset/progressive hearing loss for at least one diagnostic audiology assessment by 24 to 30 months?	Yes	☐ No		

Ongoing surveillance and screening, cont'd				
Do you have staff who provide ongoing surveillance for infants and young children with risk indicators for late onset or progressive hearing loss?	Yes	☐ No		
Does your site promptly refer older infants and children who have failed objective screening for audiology and definitive testing?	Yes	□ No		
Communication				
Does your clinic review results of the initial hearing screening with parents?	Yes	☐ No		
Are parents provided the appropriate follow-up and resource information when further screening or assessment is needed?	Yes	☐ No		
Is information at each stage of the hearing screening and follow-up process communicated to families in a culturally sensitive and understandable format?	Yes	☐ No		
If your clinic provides hearing rescreening for infants, are results reported to MDH within 7 days?	Yes	☐ No		
Are the diagnostic providers to whom you refer conveying results back to your clinic and MDH within 7 days?	Yes	☐ No		
Does your clinic utilize local public health providers to assist families who are unable to access follow-up care?	Yes	☐ No		

<sup>\*\*</sup>Adapted from American Speech-Language-Hearing Association 2007