

Resource from *Access Audiology* electronic newsletter
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 Early Hearing Detection and Intervention
<http://www.asha.org/members/aud/access-aud-online/AAUD1107>
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Early Hearing Detection and Intervention 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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1. Definition of targeted hearing loss	
<ul style="list-style-type: none"> • Does your program's definition of hearing loss targeted for identification through your newborn hearing screening include congenital <ul style="list-style-type: none"> ○ sensory hearing loss that is unilateral or bilateral? ○ permanent conductive hearing loss that is unilateral or bilateral? ○ neural hearing loss that is unilateral or bilateral? 	 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Hearing-screening and rescreening protocols	
<ul style="list-style-type: none"> • Does your program refer infants who do not pass AABR screenings in the NICU directly to an audiologist for rescreening? • Are infants rescreened bilaterally upon referring the initial hearing screening even if only one ear fails the initial screening? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

<ul style="list-style-type: none"> 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? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> Does your program have a mechanism to screen home births and other out-of-hospital births? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> Does your state have written collaborative agreements with border states for sharing hearing screening results and follow-up information? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> 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? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> Does your program's infant discharge summary contain information about hearing screening status for infants who are transferred? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Diagnostic audiology evaluation	
<ul style="list-style-type: none"> Do you have a list of professionals in your area who provide <ul style="list-style-type: none"> diagnostic services to infants and young children who are deaf or hard of hearing in your area? sedated ABR testing? unsedated ABR testing? amplification services? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> Do you know which of your referral sources accept Medicaid? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> Do you know which referral sources have interpreters available? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> 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? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> Does your program recommend hearing reevaluations for infants with risk indicators based on their relative likelihood of a delayed-onset hearing loss? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> Who provides ongoing surveillance for infants and young children with risk indicators for late onset or progressive hearing loss? 	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Medical evaluation	
<ul style="list-style-type: none"> • Do you have a list of referral sources in your area that provide <ul style="list-style-type: none"> ○ genetics consultations for infants and young children with hearing loss and their families? ○ otolaryngology services? ○ vision evaluations? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> • Do you know which of your referral sources accept Medicaid? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> • Do you know which of your referral sources have interpreters available? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> • Are your medical referral sources aware of the single list of risk factors for congenital and acquired hearing loss? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Early intervention	
<ul style="list-style-type: none"> • Are all families of infants with any degree of bilateral or unilateral hearing loss eligible for early intervention services? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> • 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? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> • Does your program have access to a single point of entry for specialty services for infants and young children with hearing loss? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> • Do your early intervention services provide both home-based and center-based options for families of infants and young children with hearing loss? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> • 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? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Surveillance and screening in the medical home	
<ul style="list-style-type: none"> • 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? 	<input type="checkbox"/> Yes <input type="checkbox"/> No

<ul style="list-style-type: none"> • 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? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Communication	
<ul style="list-style-type: none"> • Does your program provide results of the initial hearing screening to parents and the infants' medical home? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> • Are communications with parents confidential and presented in a caring and sensitive manner, preferably face-to-face? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> • Are parents provided the appropriate follow-up and resource information when further screening or assessment is needed? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> • 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? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> • Does your program ensure that each infant is linked to a medical home? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> • Is information at each stage of the EHDI process communicated to families in a culturally sensitive and understandable format? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> • Is individual hearing screening information, diagnostic information, and habilitation information conveyed promptly to the medical home and to the state EHDI coordinator? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> • 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? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Information infrastructure	
<ul style="list-style-type: none"> • 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? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> • 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? 	<input type="checkbox"/> Yes <input type="checkbox"/> No