

## Follow-Up After Newborn Hearing Screening Assessment Tool

Improvement Area	Improvement Strategies	Using the scale on page 4, rank your organization's current practice					To calculate Improvement Area Score see definitions at the bottom of the instructions below the chart.
<b>Pre-Appointment Activities</b>	1. The Audiology practice receives results of the birth hearing screening and/or re-screen before the appointment	X	1	2	3	4	<b>Improvement Area Score: ____%</b>
	2. The Family receives written pre-appointment instructions in the mail, in the family's first language, prior to the appointment	X	1	2	3	4	
	3. The Family receives an appointment reminder call that confirms the appointment time, confirms the location and logistics, verifies two points of contact for the family (phone, email, etc.), and offers answers to any questions	X	1	2	3	4	
	4. The Primary Care Provider is documented in the medical record	X	1	2	3	4	
<b>Appointment</b>	1. Results of the diagnostic appointment are explained verbally to the parent(s)/caregiver(s) (in the family's first language whenever possible)	X	1	2	3	4	<b>Improvement Area Score: ____%</b>
	2. Results of the diagnostic appointment are given to the parent(s)/caregiver(s) in a written document (in the family's first language whenever possible)	X	1	2	3	4	
	3. The family is able to restate the next steps following the diagnostic appointment	X	1	2	3	4	
	4. When further appointments are required: the next audiology appointment is scheduled before the family leaves the current appointment	X	1	2	3	4	
<b>Reporting Results</b>	1. Results of diagnostic audiology appointment(s) are sent to the primary care physician and noted in the infant's medical record	X	1	2	3	4	<b>Improvement Area Score: ____%</b>
	2. Results of diagnostic audiology appointment(s) are sent to the state EHDI program	X	1	2	3	4	
	3. Results of the diagnostic audiology appointment(s) are sent to the state EHDI program within 7 business days of the appointment	X	1	2	3	4	
	4. Results of the diagnostic audiology appointment(s) are reported to the state EHDI program using a standard form and method	X	1	2	3	4	
<b>Next Steps Following Diagnosis</b>	1. A referral to Early Intervention is made following diagnosis of permanent hearing loss for children ages 0-3	X	1	2	3	4	<b>Improvement Area Score: ____%</b>
	2. A referral to Early Intervention is made within 7 business days of the appointment during which permanent hearing loss was identified	X	1	2	3	4	
	3. The Family of an infant with hearing loss is given information about Early Intervention prior to leaving the appointment (in the family's first language whenever possible)	X	1	2	3	4	
	4. A referral to Parent-to-Parent support organizations is made where formal agreements exist (e.g., Hands & Voices Guide By Your Side Program)	X	1	2	3	4	

To calculate the **Improvement Area Score**, divide the total number of self-ranked points in each section by the total number of possible points in that section. Do not include items rated with an X. For example, there are 16 total possible points in an improvement area if no items are scored as X and there are 12 possible if one item is scored as X.

## Scoring Results

In scoring this assessment, you will end up with 2 scores: (1) a score for each individual improvement strategy and (2) a cumulative percentage for each of the four improvement areas. See below for more detail:

IMPROVEMENT STRATEGY SCORE	IMPROVEMENT AREA SCORE
<p>Each improvement area (e.g., Pre-Appointment Activities) is composed of four individual improvement strategies. Your organization should have a score for each individual strategy found in all four improvement areas</p> <ul style="list-style-type: none"><li>• The opportunity for improvement is lowest on any strategy scored “X” because the team recognizes this practice as not currently feasible.</li><li>• Any strategy scored between “1” and “3” represents a potential opportunity for improvement.</li><li>• Any strategy scored “4” is a clear organizational strength and therefore not recommended for improvement at the current time.</li></ul>	<p>The Improvement Area Score is the cumulative total score for each individual improvement strategy divided by the total number of possible points in that section.</p> <ul style="list-style-type: none"><li>• Any score less than 100% in any improvement area indicates an opportunity for improvement.<ul style="list-style-type: none"><li>• The lower the score, the greater the opportunity for improvement.</li></ul></li></ul> <p>REMINDER: DO NOT INCLUDE ITEMS RATED WITH AN X IN THE DENOMINATOR. THERE ARE 16 TOTAL POSSIBLE POINTS IN AN IMPROVEMENT AREA IF NO ITEMS ARE SCORED AS X. THERE ARE 12 POSSIBLE IF ONE ITEM IS SCORED AS X.</p>

Once you have completed and scored each of the four improvement areas, you could:

1. **Conduct a chart review on the last 10 infants seen at the practice.** We strongly recommend this as the next step to both verify the results of the Assessment Tool and to assess the root cause of your lower scores. This step will help you prioritize key areas for improvement and prepare you to choose the right changes for your system.
2. **Choose the improvement area with the lowest score.** This area presents the greatest opportunity for improvement, and also allows for the greatest flexibility in deciding how improvement will be accomplished. (Example: the summary score in the "Reporting Results" area is 50%, so the organization works to improve the scores in all four strategies in this area.)
3. **Focus on one strategy with a score of 1.** A score of 1 indicates that this item is not part of current practice, but there is an opportunity to begin to integrate this into the organization’s work. Focus the improvement efforts on that one strategy, rather than the entire improvement area (Example: work to improve making pre-appointment reminder phone calls, rather than working to improve all items in the "Pre-Appointment" section.)

Regardless of which option you choose, it is important to focus your improvement efforts to ensure measurable and sustainable improvement can be accomplished over time. Although you may identify several areas that are in need of improvement, achieving improvement in several areas simultaneously is often impractical for any organization. You will need to prioritize your efforts to ensure they lead to improved outcomes while minimizing burden and resistance from staff.

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## References

- 1) White KR. The Current Status of EHDI Programs in the United States. *Ment Retard Dev Disabil Res Rev.* 2003; 9:79-88.
- 2) Yoshinaga-Itano C, Baca RL, Sedey AL. Describing the trajectory of language development in the presence of severe-to-profound hearing loss: a closer look at children with cochlear implants versus hearing aids. *Otol Neurotol.* 2010 8:1268-74.
- 3) Moeller, M. P. Early intervention and language development in children who are deaf and hard of hearing. *Pediatrics*, 2000 106(3), E43.
- 4) Vohr B, Topol D, Girard N, St Pierre L, Watson V, Tucker R. Language outcomes and service provision of preschool children with congenital hearing loss. *Early Hum Dev.* 2012 Jan 18. [Epub ahead of print]
- 5) Marschark M, Rhoten C, Fabich M. Effects of cochlear implants on children's reading and academic achievement. *Deaf Stud Deaf Educ.* 2007 12(3):269-82.
- 6) Calderon, R. Parental Involvement in Deaf Children's Education Programs as a Predictor of Child's Language, Early Reading, and Social-Emotional Development *Journal of Deaf Studies and Deaf Education* 2000 140-155.
- 7) JCIH year 2007 position statement: principles and guidelines for early hearing detection and intervention programs, *Pediatrics* 120 2007: 898–921.
- 8) [http://www.cdc.gov/ncbddd/hearingloss/2013-data/2013\\_ehdi\\_hsfsummary\\_b.pdf](http://www.cdc.gov/ncbddd/hearingloss/2013-data/2013_ehdi_hsfsummary_b.pdf) 9) Progress in Identifying Infants with Hearing Loss — United States, 2006–2012 *Weekly*