



CHECKLIST

AUDIOLOGY OVERSIGHT

Newborn Hearing Screening

✓	Selection of technology and equipment based on the population
	<ul style="list-style-type: none"> • Well babies, NICU or both • Age limits for the specific screening equipment • Referral of an infant too old for automated equipment
	Initial calibration done in a manner consistent with screening parameters
	<ul style="list-style-type: none"> • Method to independently perform calibration or oversight to ensure equipment parameters remain stable and appropriate • Calibration of test stimuli in a coupler appropriate to transducer and in reference to standards • Calibration transparent to end user • Requirements for trouble shooting, annual calibration and performance
	Development of protocols for training and certifying competence
	<ul style="list-style-type: none"> • Regular in-service to assess and ensure continued competence • Audiologist along with manufacturer provide training in use of equipment • Training to optimize infant state for screening • Depending on size and needs, conduct train-the-trainer educational program
	Development and implementation of policies, procedures and protocols
	<ul style="list-style-type: none"> • Methods, timing and equipment including back up equipment • Scripts (spoken, signed, in language of the home) given to family regarding outcome including: <ul style="list-style-type: none"> • Definition of pass and fail (or did not pass, refer or alternate terms) • Necessity for appropriate follow-up screening • Importance of early and timely completion of rescreening and diagnostic audiologic evaluations • Benefits of early intervention if infant identified as deaf or hard of hearing • Clear statement of next steps • Communication that is culturally and linguistically appropriate orally and in writing or audio-visual means • Results and outcomes to medical home or primary care provider and to state • Both family and provider information that screening does not imply normal hearing only that threshold are not greater than approximately 35-40dB HL • Pass outcome implies both ears passed simultaneously (if not in same session then no pass) • Describe the training and supervision of individuals informing family of results • Provide an appointment for outpatient screening at the time of discharge as best practice
	Development and implementation of quality assurance procedures including monitoring screening statistics
	<ul style="list-style-type: none"> • Procedures of documenting and transmitting consistent with HIPAA • Identify and document written procedures if infant does not pass (or did not receive) to ensure a timely initial or follow-up screen as outpatient • Identify procedure for reporting data required by the state EHDH program
	Specification of program staffing requirements and definition of responsibilities of each staff member
	Development of standard operating procedures to follow reviewing and recording screening status in discharge or transfer plan
	Ensure acceptable independent on-site oversight by an audiologist who is either employed by hospital or independent of the contracted screening entity