IOWA Health and Human Services

Iowa Early Hearing Detection and Intervention (EHDI)
Best Practice Self-Rating Rubric

Facility Name:_____ **Date:**_____

Chapter One: EHDI Partner Roles and Responsibilities – Law (Self-Rating)

EHDI Partner Roles and Responsibilities	Requirement of Birthing Hospitals	We meet this requirement of the law (1)	We do not meet this requirement of the law (0)
EHDI Partner Roles and Responsibilities ***Requirements of Law*** Score_____	The hospital has an employee designated as responsible for the newborn hearing screening program.		
	All newborns are screened prior to discharge except in cases of babies transferred for acute care and babies born with a condition that is incompatible with life.		
	Newborn hearing screening is performed by an audiologist, audiology assistant, audiometrist, registered nurse, licensed PCP, or other person for whom newborn hearing screening is within the person's scope of practice.		
	Newborn hearing screening results are reported to the parent or guardian in writing.		
	Newborn hearing screening results (including refusals, deceased and transfers) are reported to the Iowa Department of Health and Human Services (HHS) within six days of birth.		
	Newborn hearing screening results are reported to the primary care provider in writing.		

For further questions or inquiries, please contact EHDI staff at (833) 496-8040.
https://hhs.iowa.gov/programs/programs-and-services/ehdi

	The name of the PCP providing continuing outpatient care to the infant is reported to HHS.		

Chapter One: EHDI Partner Roles and Responsibilities – Best Practice for Inpatient Screening (Self-Rating)

EHDI Partner Roles and Responsibilities	Best Practice Recommendation for Birthing Hospitals	We meet this best practice (1)	We do not meet this best practice (0)
EHDI Partner Roles and Responsibilities ***Best Practice for Inpatient Screening*** Score_____	Hospital staff members help families schedule any needed follow-up appointments.		
	Hospital staff members connect families to a medical home (e.g. primary care provider).		
	Hospital staff members ensure that the rescreen will be done with AABR equipment if the baby failed an AABR screening at the hospital while in NICU.		

Chapter One: EHDI Partner Roles and Responsibilities - Best Practice for Outpatient Screening (Self-Rating)

EHDI Partner Roles and Responsibilities	Best practice recommendation for Outpatient Screening Providers (if applicable)	We meet this requirement of best practice (1)	We do not meet this requirement of best practice (0)
EHDI Partner Roles and Responsibilities ***Best Practice for Outpatient Screening***	Both ears are rescreened, even if the baby referred in just one ear during the birth admission.		
	Babies that failed an AABR rescreen at the birth admission are rescreened with AABR or OAE equipment for well baby.		

Score _____	Babies that refer in one or both ears at the outpatient rescreen are referred on to a pediatric audiologist for diagnostic testing.		

Total Score for Chapter One: _____

Chapter Two: Qualifications and Training of Newborn Hearing Screening Personnel (Self-Rating)

Qualifications and Training of Newborn Hearing Screening Personnel	Meeting/Exceeding Expectations (4)	Making Progress (2)	Improvement Needed (1)
Qualifications of Newborn Hearing Screening Personnel Score_____	Screening is performed by one of the following personnel: • Audiologist • Audiology assistant • Audiometrist • RN • Licensed PCP • Other person for whom newborn hearing screening is within the person's scope of practice (i.e. LPNs) • Screeners meet the following criteria: • Are at least 18 years of age • Have a high school diploma or equivalent • Are current with immunizations and meet all health and safety requirements of the hospital • Have completed the newborn hearing screening training program	Most screeners are in one of the approved personnel categories and most screeners meet the minimum qualification criteria.	Screeners are not personnel in the approved personnel categories and do not meet the minimum qualification criteria.

Training and Observation of Newborn Hearing Screening Personnel Score_____	The hospital has a training program established under the direction of a staff audiologist, state consulting audiologist, or PCP. <u>The program includes:</u> • Knowledge of the technology used for screening • Operation and care of the screening equipment • Anatomy and physiology of the ear • Nature of the responses being measured • Patient and non-patient factors that influence responses • Hearing screening procedures, including documentation of results • Importance of documenting high-risk factors • Follow up for infants who are missed, refer, or have a high-risk factor(s) • Confidentiality requirements • Communication skills to provide accurate and appropriate information to parents and guardians • Safety and infection control procedures • Medical facility's emergency procedures • Supervised practice and individual	New screeners are trained to perform screening. Training is not formalized but is sufficient to keep refer rates low.	New screeners receive very little training and refer rate is unacceptably high.

	observation. • Ongoing assessment of proficiency is conducted.		

Total Score for Chapter Two: _____

Chapter Three: Newborn Hearing Screening Protocol (Self-Rating)

Newborn Hearing Screening Protocol	**Meeting/Exceeding Expectations (4)**	**Making progress (2)**	**Improvement needed (1)**
Equipment Score_____	Babies in the well-baby nursery are screened with OAE or AABR equipment. NICU babies are screened with AABR equipment only.	Babies in the well-baby and NICU nurseries are screened with OAE equipment, but we are working toward AABR only screening in the NICU.	All babies are screened with OAE equipment, and we do not plan to begin screening NICU babies with AABR equipment.
	Equipment is calibrated according to manufacturer's recommendation and a log is kept of calibration repair and replacement of parts	Equipment is calibrated but no log is kept.	Equipment is not calibrated. No log is kept.
Screening Parameters Score_____	We have verified that our screening equipment uses the recommended screening parameters and pass criteria. *(See the Iowa EHDI Best Practices Manual for guidance)*	We plan to verify that our screening equipment uses the recommended screening parameters and pass criteria. *(See the Iowa EHDI Best Practices Manual for guidance)*	We do not know if our equipment uses the recommended screening parameters and pass criteria. *(See the Iowa EHDI Best Practices Manual for guidance)*

Stopping Criteria ***Inpatient*** Score_____	When screening conditions are adequate, we stop rescreening babies from the well-baby nursery: • With OAE after two screening sessions (no more than three screens per ear per session) conducted several hours apart. • With AABR after no more than two screens per ear conducted several hours apart.	We sometimes screen more than is recommended.	We screen as many times as possible or until baby passes.
	When screening conditions are adequate, we stop rescreening babies from the NICU: • According to the well-baby protocol if baby is less than five days old • After one screen per ear if baby is older than five days.	We sometimes screen more than is recommended	We screen as many times as possible or until baby passes.
Stopping Criteria ***Outpatient (if applicable)*** Score_____	Assuming screening conditions are accurate and the baby is at least five days old, we stop screening: • With OAE after no more than three attempts per ear. If the baby passes on the third attempt, the screen is repeated immediately. If the pass result is not replicated, the result is recorded as refer. • With AABR after one screen per ear.	We sometimes screen more than is recommended and we sometimes bring babies back for additional outpatient screening.	We screen as many times as possible or until baby passes.

Score_____	Babies who failed an AABR screening in the NICU are always rescreened with AABR equipment.	We try to use AABR equipment for failed AABR screenings for NICU graduates, but sometimes end up using OAE instead.	We screen with the most convenient equipment.
Score_____	Babies who do not pass the outpatient screening are referred on for diagnostic testing.	We sometimes screen again before referring on for diagnostic testing.	We screen as many times as possible before referring on for diagnostic testing.
Score_____	Results of all outpatient screenings are reported to HHS.	We try to report all results to HHS, but occasionally miss some.	We do not report outpatient results to HHS.

Total Score for Chapter Three: _____

Chapter Four: Communication with Parents and Primary Care Providers (Self-Rating)

Communication with Parents and Primary Care Providers	**Meeting/Exceeding expectations (4)**	**Making Progress (2)**	**Improvement Needed (1)**
Communication with Parents and/or Guardians ***Before the screening*** Score_____	A staff member discusses the newborn hearing screening with the family before it is done. This discussion includes what will happen during the screening, why the screening is important and that it is required by law. The staff member extends an invitation to be present during the screening. Parents have access to the EHDI brochure prior to the screening.	A hospital staff member tells the family the baby is being taken for a hearing screening when he or she comes to get the baby.	Parents are not informed that the hearing screening will be done.

Communication with Parents and/or Guardians ***After the screening*** Score_____	A hospital staff member discusses hearing screening results and next steps with the family and provides them with a written record of the results. Verbal and written results are provided in the family's native language if possible. The staff member also discusses any risk factors for late onset hearing loss that are present.	Families receive a written report of the hearing screening results and hospital staff members explain the results as time allows.	Families are not notified of their baby's hearing screening results.

Total Score for Chapter Four: _____

Chapter Five: Quality Assurance for Screening Programs (Self-Rating)

Quality Assurance for Screening Programs	**Meeting/Exceeding Expectations (4)**	**Making progress (2)**	**Improvement needed (1)**
Policy and Procedure Score_____	We have written policies and procedures that outline the recommended newborn hearing screening topics. Screeners have easy access to protocols.	Screeners are aware of newborn hearing screening procedures, but we do not have written policies or procedures. We plan to write them.	We do not have written newborn hearing screening policies and procedures and do not plan to develop them.

Quality Assurance of Data Reporting Score_____	All babies are reported to HHS. Data entry staff members know how to enter babies with special circumstances (refusals, adoptions, etc.) or call HHS to ensure that data are entered correctly. Hospital staff members: • Compare data in the EHDI data management system to hospital data to ensure completeness and accuracy • Make case notes when additional information is available • Search the EHDI data management system and contact HHS if we do not find the record when babies transfer to our hospital • Notify HHS of errors in data entry so they can be corrected.	All babies are reported to HHS, but information and/or special circumstances are not always reported accurately. We do not currently reconcile records.	Babies are reported to HHS, but we know information is sometimes incomplete or inaccurate. We have not been able to correct these problems.
Reducing the number of children lost to follow up Score_____	We work toward lowering the number of children lost to follow up by: • Following a scripted message to explain screening results to parents.	We understand the importance of lowering the number of children lost to follow up and have implemented some of the recommended practices.	We are not working toward reducing the number of children lost to follow up at this time.

	• Getting a second point of contact (other than the parent) for each family. • Before discharge, verifying the primary medical care provider who will follow the child after discharge. • Making or assisting the family with follow up appointments and explaining the importance of keeping the appointments. • Entering accurate risk factor information.		

Total Score for Chapter Five: _____