

# Clinic Quality Assurance Checklist

## EARLY HEARING DETECTION AND INTERVENTION

This checklist can be used to determine how well your clinic is meeting Minnesota guidelines for newborn hearing screening. For each unchecked answer, review that component and consider modifications to the current process to reach the recommended guidelines.

### Hearing screening and rescreening protocols

- Your clinic has a process in place to ensure that all newborn hearing screens are received and reviewed.
- Your clinic works with local hospitals to ensure that rescreens are scheduled before the infant is discharged.
- Relevant staff receive training on the importance of newborn hearing screening/early hearing detection and recommended protocols.
- There is a system in place to make sure rescreening is completed by 1 month of age for infants who did not pass their newborn hearing screen.
- Your clinic has a mechanism to screen home births or babies who missed having their hearing screened while in the hospital.
- Your clinic schedules NICU infants who do not pass hearing screening directly with an audiologist for evaluation.
- Both ears are rescreened even if only one ear fails the initial newborn hearing screening.
- Your clinic contacts families who have not attended scheduled hearing appointments.

### Diagnostic audiology evaluations

- Your clinic assists families in scheduling recommended audiology follow-up appointments before they leave.
- Your clinic refers to diagnostic audiology providers who utilize best practices and provide evidence-based diagnosis for both ears by no later than 3 months.
- There is a system in place to make sure underlying sensorineural hearing loss is ruled out for both ears no later than 3 months, even if fluid is present.
- Complete assessment of unilateral hearing loss (including type and degree) is accomplished no later than 3 months of age.
- Your clinic follows up with families after they have been referred for audiologic evaluation to make sure the family attended or scheduled the appointment.

## Ongoing surveillance and screening

- Your clinic refers children with risk factors for delayed onset/progressive hearing loss for at least one diagnostic audiology assessment by 9 months.
- Staff provide ongoing surveillance for infants and young children with risk indicators for late onset or progressive hearing loss.
- Your clinic promptly refers older infants and children who have failed objective screening to audiology for definitive testing.

## Communication

- Your clinic reviews results of the initial newborn hearing screening with parents.
- Parents are provided the appropriate follow up and resource information when further screening or assessment is needed.
- Information is communicated to families at each stage of the hearing screening and follow up process in a culturally sensitive and understandable format.
- If your clinic provides hearing rescreening for infants, results are reported to MDH within 7 days.
- The diagnostic providers who receive your clinic's referrals are conveying results back to your clinic and MDH within 7 days.
- Your clinic utilizes local public health providers to assist families who are unable to access follow up care.

Minnesota Department of Health  
Newborn Screening Program  
601 Robert Street N  
St. Paul, MN 55155  
ehdi@state.mn.us  
health.newbornhearing@state.mn.us  
www.health.state.mn.us

6/17/24

*To obtain this information in a different format, call: 651-201-5466*