**Michigan Early Hearing Detection & Intervention (EHDI)**

**Diagnostic Center Rubric**

**Date of visit:** Click or tap here to enter text.

**Diagnostic Site Name:** Click or tap here to enter text.

# **Attendance:**

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| **Diagnostic Site Personnel** | **Role** | **Email** |
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| **EHDI Staff** | **Role** | **Email** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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| **Michigan Hands & Voices Parent Representative** | **Role** | **Email** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Rubric Score:** Click or tap here to enter text.

Minimum Staff Requirements

**Score:** # **out of 8**

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| **Meeting/Exceeding Expectations (2)** | **Making Progress (1)** | **Improvement Needed (0)** |
| All audiologists have Michigan audiology licensure. | Most audiologists have Michigan audiology licensure. | Audiologists do not have Michigan audiology licensure. |
| At least one staff member has two years of experience working with children. Mentorship of staff members with less experience is encouraged. | One staff member has experience working with children but it’s less than 2 years. | Staff does not have experience working with infants and young children. |
| Experience and expertise in assessment of hearing in infants, defined as (must meet at least 3 criteria):   * > 20% of client population is younger than 24 months. * On average each week, > 3 patients under the age of 24 months. * At least two diagnostic threshold ABRs completed each month. * Identification of hearing loss in children less than 12 months of age should be commensurate with area birth rates (i.e., not less than 1-3 babies with hearing loss per 1,000 births)*.* | The clinic meets 1 of the 3 criteria in assessing infants. | The clinic meets 1 or less criteria in assessing infants. |
| Recommend that pediatric providers have 30% of continuing education hours that are pediatric focused. | Continuing education hours are pediatric focused but not 30%. | Continuing education hours are not pediatric focused. |
| **Comments:** | | |

Rescreens

**Score:** # **out of 8**

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| **Meeting/Exceeding Expectations (2)** | **Making Progress (1)** | **Improvement Needed (0)** |
| Rescreens may use OAE, ABR (automated or standard) or combination of both, although ABR technology is preferred. ABR must be completed in the following situations:   * When the initial hearing screen is completed with ABR (automated or standard). * Infant with a NICU stay greater than 5 days. | Rescreens mostly use A-ABR if an A-ABR is done for the initial, but not always. | OAE is used for rescreens even if ABR was used as inpatient. |
| No more than one rescreen is completed. | More than one rescreen is completed but no more than two. | More than two rescreens are completed. Baby is brought back for multiple screens. |
| Both ears are always rescreened at the same visit. | Both ears are sometimes rescreened at the same visit. | Only the ear that failed is rescreened during the visit. |
| Diagnostic appointment scheduled at the time baby fails outpatient screen. | If there is fluid, baby will have a third hearing screen. | Diagnostic appointments are not scheduled. |
| **ABR protocol for screening:** | | |
| **CMV Process:** How do you educate families about CMV? Describe the CMV screening process? What resources would you need to implement a CMV screening protocol for your patients? | | |
| **Comments:** | | |

Pre-Appointment Activities

**Score:** # **out of 8**

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| **Meeting/Exceeding Expectations (2)** | **Making Progress (1)** | **Improvement Needed (0)** |
| The audiology practice receives results of the birth hearing screening and/or re-screen before the appointment (Directly from providers versus reviewing on MCIR). | The audiology practice receives some results of the hearing screen before the appointment. | The audiology practice does not receive hearing screens before the appointment. |
| The family receives written, pre-appointment instructions in the mail, in the family’s first language, prior to the appointment. | Some families receive instructions in the mail prior to the appointment but may not be in the first language. | The family does not receive instructions in the mail prior to the appointment. |
| The family receives an appointment reminder call that:   * Confirms the appointment time, * Confirms the location and logistics, * Offers to answer questions. | Appointment reminder meets less than three of the criteria. | The family does not receive an appointment reminder. |
| The primary care provider and two points of contact are documented in the medical record. | The primary care provider and two points of contact are documented in the medical record for most babies. | The primary care provider and two points of contact are not documented in the medical record. |
| **Comments:** | | |

Diagnostic Evaluation Battery

**Score:** # **out of 12**

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| **Meeting/Exceeding Expectations (2)** | **Making Progress (1)** | **Improvement Needed (0)** |
| The audiologist completes otoscopy and completes a case history including family and medical history for infants 6 months and younger. | The audiologist completes otoscopy and/or case history but not both. | Otoscopy and a case history are not completed. |
| For infants 6 months and younger, when completing diagnostic ABR testing Click and Tone Burst stimuli are used which represent at least one low frequency and one high frequency. Additional tone burst thresholds and /or Auditory Steady-State Response (ASSR) information as time allows. | ABR Testing is completed but only click stimuli or tone are used but not both. | Click and tone burst stimuli are not used. |
| In addition to finding threshold, a suprathreshold run is obtained via click stimuli, using two different stimulus polarities until waves I, III, and V are identified to rule out neural hearing loss (i.e. auditory neuropathy spectrum disorder, VIIIth nerve aplasia). Acoustic reflexes are completed if suprathresholds are unable to be obtained. | Sometimes ensuring neural integrity or acoustic reflex testing is done but not all the time. | Ensuring neural integrity and/or acoustic reflex testing is not completed. |
| For infants 6 months and younger if hearing loss is suspected, diagnostic otoacoustic emissions (OAE) testing are completed. | Diagnostic OAE’s are completed for some patients if hearing loss is suspected but not all. | Diagnostic OAE’s are not completed. |
| Bone Conduction (BC) thresholds by ABR (preferred) and/or high frequency tympanometry (for infants less than 6 months of age) to rule out conductive and mixed hearing loss. | BC testing and/or high frequency tympanometry is completed on some patients. | BC testing and/or high frequency tympanometry is not done. |
| With regards to ABR testing, it is essential for each clinic to establish their own normative data. As a guide, the EHDI advisory committee recommends that ABR thresholds greater than 25 dBnHL be considered outside the normal range of hearing. | The clinic is in the process of establishing normative data for infants and young children. | Normative data is not completed for ABR. |
| Audiologists collaborate with colleagues to cross check ABR results by reviewing waveforms. **(Section excluded from points)** | Audiologists sometimes collaborate with colleagues to cross check ABR results by reviewing waveforms.  **(Section excluded from points)** | Audiologists do not collaborate with colleagues to cross check ABR results by reviewing waveforms. |
| **Comments:** | | |

Appointment Logistics

**Score:** # **out of 10**

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| **Meeting/Exceeding Expectations (2)** | **Making Progress (1)** | | **Improvement Needed (0)** | |
| Results of the diagnostic appointment are explained verbally to the parent(s)/caregiver(s) (in the family’s first language whenever possible). | Most parent/caregivers are given results verbally. | | Results are not shared verbally with parent/caregiver. | |
| 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). | Most parent/caregivers are given results in a written document. | | Results are not shared in a written document with parent/caregiver. | |
| The family can restate the next steps following the diagnostic appointment. | | Some families can restate next steps following the appointment. | | Families are unable to restate the next steps. | |
| When further appointments are required: the next audiology appointment is scheduled before the family leaves the current appointment. | | Follow-up appointments are scheduled after the family leaves the current appointment. | | Follow-up appointments are not scheduled. | |
| When needed, patients are scheduled for sedated ABR. If not at your clinic, a process is in place for a designated clinic. | | Patients are given a phone number to schedule their own appointment for sedated ABR’s. | | Patients must find their own clinic for sedated ABR’s. | |
| **Sedated ABR Clinic Name:** | | | | | |
| **Comments:** | | | | | |

Reporting Results

**Score:** # **out of 8**

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| **Meeting/Exceeding Expectations (2)** | **Making Progress (1)** | **Improvement Needed (0)** |
| Results of diagnostic audiology appointment(s) are sent to the primary care physician and noted in the infant’s medical record. | Results of diagnostic audiology appointment(s) are sometimes sent to the primary care physician and noted in the infant’s medical record. | Results of the appointment are not sent to the primary care physician or noted in the infant’s medical record. |
| Results of diagnostic audiology appointment(s) are sent to the state EHDI program. | Most diagnostic tests are sent to the EHDI program but not all. | Results of diagnostic testing are not routinely sent to the EHDI program. |
| Results of the diagnostic audiology appointment(s) are sent to the state EHDI program within 7 business days of the appointment. | Results of diagnostic testing are routinely sent to the EHDI program but not within 7 business days. | Results of diagnostic testing are not routinely sent to the EHDI program. |
| Results of the diagnostic audiology appointment(s) are reported to the state EHDI program using a standard form and method. | Results of diagnostic testing are reported but not always on the EHDI program standard form and method. | Results of diagnostic testing are not reported on the EHDI program standard form and method. |
| **Comments:** | | |

Next Steps Following Diagnosis

**Score:** # **out of 18**

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| **Meeting/Exceeding Expectations (2)** | **Making Progress (1)** | **Improvement Needed (0)** |
| A referral to an Otolaryngologist with pediatric experience is made following diagnosis of permanent hearing loss for children ages 0-3. | A referral is sent on most infants. | A referral is not sent, it is expected parents will reach out to otolaryngology if interested. |
| A referral to Early Intervention (Early On) is made following diagnosis of permanent hearing loss for children ages 0-3 with parent permission. | A referral is sent on most infants with parent permission. | A referral is not sent, it is expected parents will reach out to Early Intervention if interested. |
| A referral to Early Intervention (Early On) is made within 7 business days of the appointment during which permanent hearing loss was identified with parent permission. | Referrals are sent with parent permission but not within 7 business days of diagnosis. | Referrals are not sent to Early Intervention. |
| 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). | Most families are provided information on Early Intervention prior to leaving the appointment. | Early Intervention information is not shared with the family. |
| A referral to Parent-to-Parent support organizations such as Michigan Hands & Voices Guide By Your Side Program. | Most families are referred to Parent-to-Parent support organizations such as MI HV GBYS. | Families are not referred to a Parent-to-Parent support organization. |
| Parents are given written and electronic resources regarding hearing loss that represent all communication modes. | Most parents are given written and electronic resources regarding hearing loss that represent all communication modes. | Parents are not given written and electronic resources regarding hearing loss that represent all communication modes. |
| Clinic schedules monitoring appointments to rule out progressive hearing loss (minimally every 6 months). | Monitoring appointments are made for most infants. | Families must schedule monitoring appointments on their own. |
| Families are provided information on CSHCS and clinics to help parents navigate the process. | Most families are provided information on CSHCS and clinics to help parents navigate the process. | Families are not given information on CSHCS. |
| If clinic does not provide hearing aid/cochlear implant services, then a referral is made for a hearing aid/cochlear implant evaluation with audiologist experienced in fitting infants. | A referral is sent on most infants. | Referrals are not sent and parents must call and make an appointment themselves. |
| **CMV Process:** How do you educate families about CMV? Describe the CMV screening process? What resources would you need to implement a CMV screening protocol for your patients? | | |
| **Comments:** | | |

Required Protocols/Tracking

**Score:** # **out of 4**

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| **Meeting/Exceeding Expectations (2)** | **Making Progress (1)** | **Improvement Needed (0)** |
| Clinics have protocols for the following 8 items:   * Outline of steps from time of referral on EHDI screen to final diagnosis with timeframe consistent with National EHDI goals. * Protocol that lists collection parameters for diagnostic ABR. * Pass/Refer criteria for OAE measurements. * Established routine for reporting to Michigan EHDI. * Established routine for making referrals when a baby is diagnosed with hearing loss. * List of risk indicators for delayed onset hearing loss and monitoring schedule. * Routine monitoring and tracking of infants seen in facility to ensure timelines set forth in protocol are consistently being met. * Schedule for equipment calibration used for diagnostic evaluations. | Clinic has protocols for most but not all items. | Clinic does not have written protocols established. |
| Clinic reviews and updates protocols on an annual basis. | Clinic updates protocols occasionally. | The protocols have not been reviewed. |
| **Comments:** | | |

EHDI Follow-Up

**Score:** # **out of 8**

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| **Meeting/Exceeding Expectations (2)** | **Making Progress (1)** | **Improvement Needed (0)** |
| Clinic has a designated employee who completes EHDI follow-up letters. This includes: contacting families to schedule follow-up appointments, indicating appointments scheduled/no show dates/attempted contact to families. | Clinic has some employees who complete EHDI follow-up letters. | Clinic does not have a designated employee who completes follow-up letters. |
| Clinic returns all EHDI follow-up letters in a timely manner (within 1 week). | Clinic returns most letters in a timely manner. | Clinic does not routinely return EHDI follow-up letters. |
| Clinic reports all hearing tests and screens conducted on infants who are less than 12 months. | Clinic reports most hearing tests and screens conducted on infants who are less than 12 months. | Clinic does not routinely report hearing tests and screens conducted on infants who are less than 12 months. |
| Clinic reports diagnosed hearing loss for children ages 13 months-3 years. | Clinic reports most diagnosed hearing loss for children ages 13 months-3 years. | Clinic does not routinely report diagnosed hearing loss for children ages 13 months-3 years. |
| **Comments:** | | |

**References**

* National Institute for Children’s Health Quality, Improving Follow-Up after Newborn Hearing Screening An Action Kit for Audiologists, <http://improveaudiology.org/>.
* EHDI Best Practice Guidelines: <https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Adult-and-Childrens-Services/Children-and-Families/EHDI/Best_Practice_and_Application_2010.pdf?rev=ad7e91bcbe7d4e9282293cf128fe83ef&hash=1FC3623D51EE256D6E43D959F4241355>.

**Resources**

* MCIR info
* Mandatory Reporting

**Conclusion**

Click or tap here to enter text.