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## Early Hearing Detection and Intervention Quality Improvement Project Pre- and Post-Implementation Surveys

Welcome to the Early Hearing Detection and Intervention Quality Improvement Project!

We would like to find out some general information about the family-centered care you currently provide for patients and families. The survey will take no more than 15 minutes of your time. Your survey responses will be kept strictly confidential. We will never link your responses to your name in reports or anywhere else.

The purpose of the pre- and post-implementation survey is to gauge practice team progress towards project aims and measures as well as any practice team growth in quality improvement methodology. Specifically, this survey will highlight the following topics:

- a. Overall organizational and quality improvement process
- b. Identification of process improvements made over the 6 month collaborative
- c. System based, not provider based-changes

You will be given approximately two weeks to complete the survey.

If you have any question about the survey or any other aspect of this AAP QI project, please contact Christina Boothby, MPA, at 847/434-4311 or [cboothby@aap.org](mailto:cboothby@aap.org).

In order to progress through this survey, please use the following navigation buttons:

- Click the Next button to continue to the next page.
- Click the Previous button to return to the previous page.
- Click the Done button to submit your survey.

\*Final screen is defined as the second screen either done in the hospital or an outpatient setting.

## Pre/Post Survey

Practice Name: \_\_\_\_\_

Please answer the follow questions based on the “typical” experience for your practice. Please note that final screen is defined as the second screen that is completed either in the hospital or in an outpatient setting.

### **Hospital Hearing Screening Questions:**

1. Are the hospital hearing screening results received prior to the first newborn visit?
  - a. Yes
  - b. No
  
2. If the hospital hearing screening results are not received, are the results requested from the birthing hospitals/facility at the time of the first newborn visit?
  - a. Yes
  - b. No
  
3. What is the process used by the practice when results are not received after requested?
  
4. Do you know what technology is used in your local **hospital(s) normal newborn nursery** to screen infants for hearing loss?
  - a. Yes, I’m familiar with the technology used in all hospitals from which we receive babies
  - b. Yes, I’m familiar with the technology used in some hospital, but not all of the hospitals from which we receive babies
  - c. I’m not familiar with the technology used in any of the hospitals from which we receive babies.
  - d. Comments:
  
5. Do you know what technology is used in your local **hospital(s) NICU** to screen infants for hearing loss?
  - a. Yes, I’m familiar with the technology used in all hospitals from which we receive babies
  - b. Yes, I’m familiar with the technology used in some hospital, but not all of the hospitals from which we receive babies
  - c. I’m not familiar with the technology used in any of the hospitals from which we receive babies.
  - d. Comments:
  
6. When your practice has an infant who does not pass the hospital newborn hearing screening what is the next step
  - a. The hospital re-screens the child
  - b. The practice re-screens the child
  - c. The hospital sets up a diagnostic exam
  - d. The practice sets up a diagnostic exam
  - e. The parents/family sets up a diagnostic exam
  - f. Other\_\_\_\_\_

### **Final Newborn Hearing Screening Questions:**

\*Final screen is defined as the second screen either done in the hospital or an outpatient setting.

7. Does your practice receive all final screen results in a timely fashion (Please note: a final screen refers to a second screen done either at the birthing hospital or another facility, including and outpatient facility)?
  - a. Yes
  - b. No
  - c. Sometimes
  
8. If you answered no to the question above, please explain why your practice does not receive final screen results in a timely fashion.

9. Do providers review the results of the newborn hearing screening with families? (Note that this would include the results of the screen done in the hospital AND any results done as a second and final screen.)
  - a. Results are not reviewed with the family
  - b. Results are reviewed with the family only if the infant did not pass the screening
  - c. Results are reviewed with all families
  - d. Comments:
  
10. If the results are reviewed with the family, is the discussion documented in the patient's medical record?
  - a. Yes
  - b. No
  - c. Sometimes
  
11. Is your practice able to identify all infants who did **not** pass their final newborn hearing screening and require referral to an audiologist for a diagnostic evaluation?
  - a. Yes
  - b. No
  
12. In your practice, do providers review the importance of diagnostic follow up with families of infants who do **not** pass their final newborn hearing screening?
  - a. Yes
  - b. No
  - c. Sometimes
  
13. If providers do review the importance of diagnostic follow-up with families, is this discussion documented in the patient's medical record?
  - a. Yes
  - b. No
  - c. Sometimes
  
14. If an infant does **not** pass their final newborn hearing screening is your practice able to place this child in a tracking system to alert the need for ongoing monitoring?
  - a. Yes
  - b. No
  
15. Does your practice reach out to families to encourage them to attend the scheduled diagnostic appointment?
  - a. Yes
  - b. No
  - c. Sometimes
  
16. If you answered yes to the question above, how do you reach out to families?
  
17. Does your practice receive the results of the diagnostic testing from the audiological provider?
  - a. Yes
  - b. No
  - c. Sometimes
  
18. Does your practice review the diagnostic results with the family?
  - a. Yes
  - b. No
  - c. Sometimes

19. If your practice does review the diagnostic results with families, is the discussion documented in the patient's medical record?
- Yes
  - No
  - Sometimes
20. At what age does your practice typically receive these results?
- By 2 months
  - By 4 months
  - By 6 months
  - After 6 months
  - Indicate another time\_\_\_\_\_
21. What is your practices process for families who do **not** complete a diagnostic follow up?

**Identified Hearing Loss Questions:**

22. For infants identified as having hearing loss, does your practice make a referral to Early Intervention?
- Yes
  - No
  - Sometimes
23. For infants identified as having hearing loss, does your practice provide the family with written next steps and a list of local resources, including parent/family support organizations?
- Yes
  - No
  - Sometimes
24. Is your practice able to identify all infants who **have** a diagnosed hearing loss?
- Yes
  - No

**Risk Factor Questions:**

25. Do providers assess infants for risk factors associated with late onset or progressive hearing loss?
- Yes
  - No
26. If yes, when does this assessment take place?
- The initial visit with the infant
  - The first 2 weeks
  - By 6 weeks of age
  - By 4 months of age
  - Indicate another time:\_\_\_\_\_
27. What risk factors associated with late onset or progressive hearing loss are you assessing for?
- Parental or caregiver concern
  - Family history of permanent childhood hearing loss
  - Neonatal intensive care of more than 5 days or any exposure to ototoxic medications
  - Intrauterine Infection
  - Craniofacial anomalies
  - Physical findings associated with a syndrome known to include a sensorineural or permanent conductive hearing loss

- g. Syndromes associated with progressive hearing loss
- h. Culture-positive postnatal infections associated with sensorineural hearing loss

28. Are providers reviewing the results of these risk factor assessments with families?
- a. Yes
  - b. No
  - c. Sometimes
29. If your practice reviews risk factor assessment with the family, is the discussion documented in the patient's medical record?
- a. Yes
  - b. No
  - c. Sometimes
30. If risk factors for late onset or progressive hearing loss are identified, what does your practice do differently for those patients?
31. If an infant is identified as having risk factors for late onset or progressive hearing loss, is your practice able to place this child in a tracking system to alert the need for ongoing monitoring?
- a. Yes
  - b. No
  - c. Sometimes