NCHAM Webinar

"OUTSOURCING" NEWBORN HEARING SCREENING: QUESTIONS AND CONSIDERATIONS

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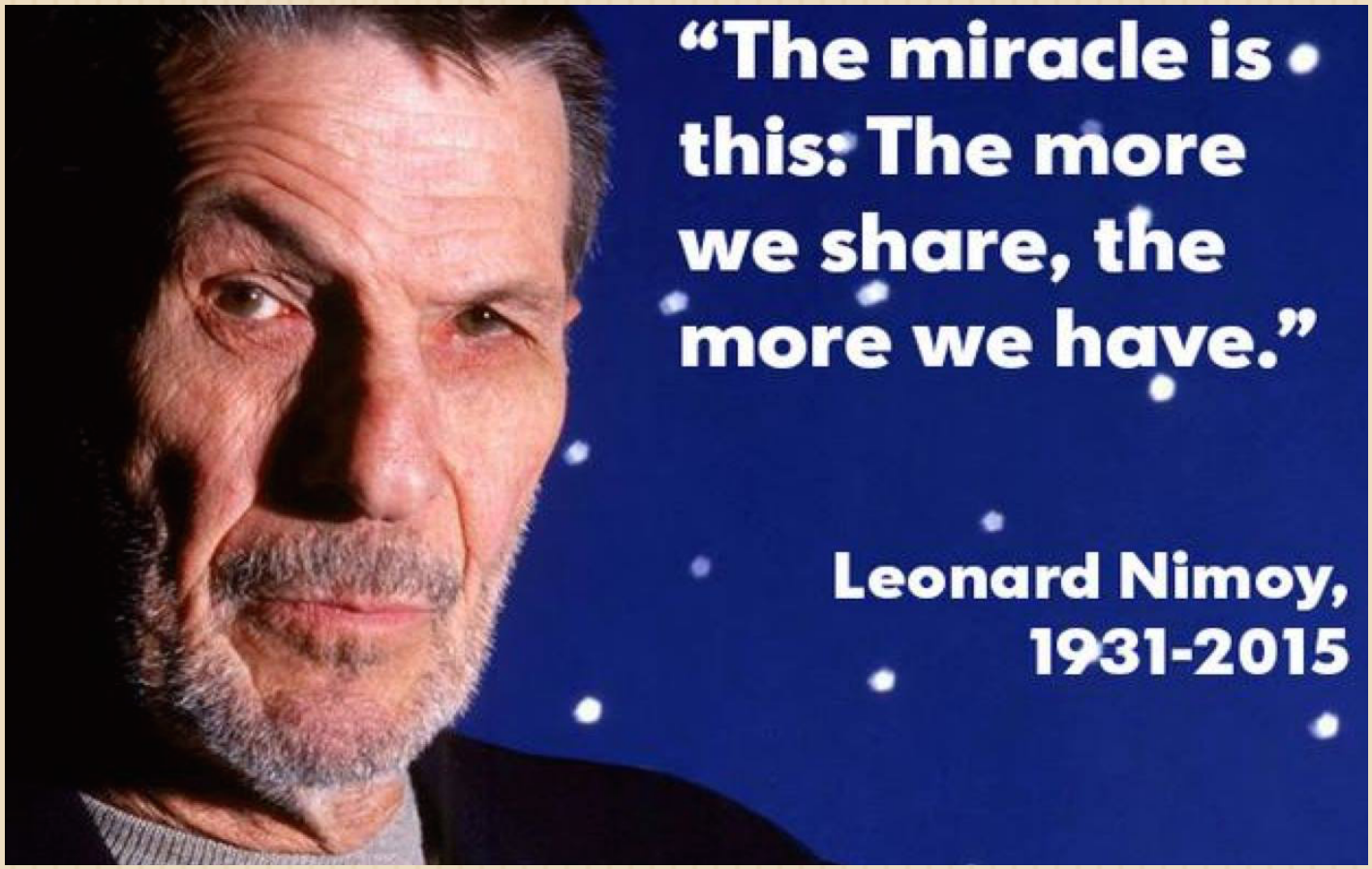
“The miracle is this: The more we share, the more we have.”
Leonard Nimoy,
1931-2015

Purpose

- Review the components of a quality NBHS program
- Discuss important questions and considerations related to outsourcing
- We will *not*:
  - refer to specific companies or service providers
  - refer to specific brand names/manufacturers
  - recommend one model over another

Outline

- Background and current status of NBHS
- Responsibilities of the birthing hospital
- Essential components of a NBHS program
- Outsourcing issues and considerations
- Summary of key points
- Discussion

Background

- Since the early 1990s Universal NBHS has become a *standard of care* throughout the U.S.
- More than 98% of all newborns in the U.S. are now screened for hearing loss
- All 50 states and U.S. Territories provide NBHS; most have passed legislation requiring hearing screening prior to hospital discharge

Hospital Responsibility

- To identify resources to ensure all babies are screened
- To provide seamless systems of care with multiple coordinated components based on sound policies and evidence-based protocols/procedures

Essential Components for **Quality** NBHS Programs

- Coordination, oversight, accountability, sustainability
- Policies, procedures, and protocols based on established 'best practices' for screening, tracking and follow-up (e.g. JCIH Guidelines, NICHQ)
- Established benchmarks, QI/QA; monitoring and evaluation, and program accountability
- Qualified and well trained screening staff with ongoing monitoring of performance
- Education and buy-in (nursery support staff, leadership, administrators, stakeholders)
- Relationships with providers, audiologists, stakeholders
- Partnership with state EHDI program

Coordination and Oversight

- A designated program coordinator/manager to
  - Enforce and update policies, procedures and protocols
  - Implement competency based training to all screening staff
    - Nursing staff; Volunteers; Hospital technicians; Others
  - Coordinate schedules to ensure full time coverage
  - Accountability for all nursery admissions
  - Monitor equipment supplies and maintenance
  - Address equipment issues when they arise

Coordination and Oversight

- Monitor quality indicators (refer rates, missed rate)
- Generate and disseminate program reports
- Provide ongoing education and buy-in from key stakeholders and support staff
- Serve as a liaison between the state EHDI program and facility
- Monitor compliance with state guidelines and reporting

Key Policies, Procedures and Protocols

- Inpatient Screening
  - Screening protocols include:
    - Timing of screenings based on the average length of stay
    - Number of inpatient screening attempts
    - Protocols for unilateral HL or external ear anomalies
    - Choice of screening technology
      - Modality (S-OAE, S-ABR, both)
      - Stimulus and recording parameters, pass/fail criteria
      - Compatibility with state tracking and data management program

Key Policies, Procedures, and Protocols

- Special considerations for NICU screening:
  - The NICU is a complex screening environment that requires effective communication and coordination with NICU staff and audiology. Key issues include:
    - Personnel conducting the screenings and how results and follow-up information are delivered to families
    - Determination of babies eligible (medically stable) for screening
    - Careful accounting and tracking of transfers
    - Chart reviews to identify and document risk factors for late onset or progressive HL
    - Audiological oversight
    - Inter-professional relationships and communication with NICU staff, neonatologists, audiologists

Key Policies, Procedures, and Protocols

- Documentation of screening results includes:
  - State/or facility requirements regarding how, what and where results are documented
    - Electronic medical/health record
    - Discharge summary
- Communication of screening results
  - Methods used to deliver results to families
  - Methods used to deliver results to PCPs

Key Policies, Procedures, and Protocols

- Tracking and Follow-up must include provisions for
  - Outpatient rescreens and time frame
  - Tracking for babies who do not pass
  - Procedures when a baby fails the inpatient screen
    - NICHQ recommendations
      - Schedule outpatient appointment, obtain two contact numbers, Reminder calls
      - Fax results to PCP

Key Policies, Procedures, and Protocols

- Procedures when a well baby fails the outpatient screen e.g.
  - Communication with families
  - Faxing results to PCP
  - Scheduling of audiology appointments
- Procedures when a NICU baby fails the inpatient screen
  - Audiology referral
  - Procedures to facilitate a smooth handoff (e.g. standing orders)
  - Management of the handoff and follow-up for babies who refer

Key Policies, Procedures, and Protocols

- Compliance with institutional guidelines
  - HIPAA
  - Universal precautions
  - Equipment manufacturer recommendations
- Compliance with risk management and legal institutional requirements

Established Benchmarks, QI/QA

- Knowledge of national best practice guidelines
- State benchmarks and quality indicators
- Ongoing monitoring of pass/refer rates

Relationships with Providers, Audiologists, Stakeholders

- If there's a hospital-based audiology program
  - Coordination of services
  - Seamless handoff
  - Separate cost centers
- Providers integral to the newborn's care during the inpatient stay and when follow-up is needed
  - Neonatologists
  - Pediatricians
  - Nurses / Nurse Practitioners
  - Midwives
  - Others
- Other Stakeholders
  - Discharge Coordinators
  - Hospital Administrators
  - CNO, CEO, IT, risk management, etc.

Education and Buy-in

- NBHS programs require ongoing internal advocacy with hospital administrators and other stakeholders to:
  - Sustain buy-in
  - Ensure the necessary human and institutional resources
  - Improve program quality as national guidelines are revised/ updated
  - Maintain a high standard of care

Partnership with State EHDI Program

- Coordination and Follow-up requires:
  - Collaborative teamwork
    - To provide a safety net to keep babies in the system
    - To reduce loss to follow-up
  - Synchronized timing of contact with families and physicians to minimize duplication of efforts and reduce unnecessary or unwanted calls
  - Sharing of information
  - Compliance with statutes, rules, guidelines
    - Screening, Reporting, Guidelines, Obtaining required consent, etc.
  - Roles of other partners e.g. *Guide By Your Side*

Outsourcing…

Outsourcing Defined

- A practice used by companies and institutions to reduce costs by transferring work to outside suppliers rather than completing it internally

-investopedia.com

Outsourcing NBHS

- There are many models for outsourcing in the U.S.
  - Local arrangements
    - Regional contractors; community partnerships
  - Corporate providers and smaller companies
  - Outsourcing is often well received by hospital administrators and nursing staff

Potential Advantages of Outsourcing

- Equipment provided and maintained; “turnkey” operations
- Screeners are trained and monitored
- Full-time staffing provided
- Screening outcomes reported directly to state EHDI program
- Some providers have developed attractive educational materials available in multiple languages
- All of the above are provided by some contractors at no charge to the hospital

If outsourcing is being considered…

- Are the essential components described earlier provided by the contractor?
- Additional issues/questions
  - Personnel
  - Special considerations for the NICU
  - Opting in vs opting out
  - Choice of hearing technology/instrumentation and protocols
  - Tracking and surveillance
  - Billing and collection
  - Institutional mission

Personnel

- How are screening personnel selected?
- How will they be trained?
  - Will the training be competency based?
  - Is there a re-certification process?
- How will performance be monitored?
- What will their responsibilities include?
    - In the well baby nursery
    - In the NICU
  - How will they communicate with families?
  - How will they communicate/collaborate with hospital staff?

Special considerations for the NICU

- The higher prevalence of cochlear and retro-cochlear disorders in this population make it imperative that screening/referral are handled optimally
  - The NICU is a complex screening environment; optimal communication, coordination, and teamwork are essential
  - Babies are being transferred in and out; as they are transferred out the time window for screening may be narrow
  - Some NICU's are moving directly to diagnostic ABRs performed by an audiologist for infants who do not pass
  - Oversight should be provided by a pediatric audiologist even if only screening is provided

Opting-in" *vs* "Opting-out"

- In most hospitals NBHS is a standard of care; this means all infants are screened prior to discharge unless the family declines
- If NBHS is outsourced, families are asked by the contractor if they want their baby screened for hearing loss e.g. "bedside consent"
- How would screening be presented to families and how are refusals managed?
- What is the risk to the hospital for babies not screened?
- Will declines increase because of concerns regarding additional charges; immigration status, etc?

Choice of hearing technology/ instrumentation/protocols:

- Many contractors will have preferred equipment/ protocols
- This may preclude other choices for instrumentation or protocols e.g. a two-step protocol involving OAE followed by ABR

Tracking and Surveillance

- Loss-to-follow-up and loss-to-documentation for infants who do not pass the initial hospital-based screening is a major concern throughout the nation
- Some infants pass the screening but have risk factors for later-onset HL
- If NBHS is outsourced, what specific services will the contractor provide and how will they be provided?
- Who will handle communication with families and what will they say?
- How will the hospital ensure that tracking and surveillance are optimal?

Billing and Collection

- Families will be billed separately for the NBHS
- How much will the contractor charge and what happens if there's an unpaid balance?
- Most contractors state that they do not engage in aggressive collection efforts, but some families will not express concern and could be burdened by additional charges

Note: some states require screening as part of the birth admission; a separate bill is not allowed

Communication *within* the Hospital if outsourcing is under consideration

- Academic medical centers or hospitals known for leadership in hearing care for children may prefer to manage the program internally at all levels
- There may be concerns elsewhere in the institution about outsourcing
- If outsourcing is being considered it is vitally important to include all institutional stakeholders in the discussion (audiologists, pediatricians, ENTs, hospital administrators, and other medical providers e.g. those involved with metabolic screening)

So what's the bottom line?

- There are no simple answers; advantages/disadvantages depend on program status prior to outsourcing and what could be gained/lost
- If the institutional commitment and resources are in place, many hospitals value the 'ownership' of a NBHS program
- But not all hospitals are willing/able to make the necessary investment of time/resources
- It must also be acknowledged that healthcare is changing and a growing number of hospitals are becoming part of 'health systems.'
- Careful consideration of the issues and questions raised here are vitally important

DISCUSSION