

Instructions

This questionnaire asks for information about hospitals* which use a systematic procedure for identifying newborns with hearing loss. In pilot-tests, respondents required an average of 18 minutes to finish. Please be as complete as possible. For questions which ask for a number or percentage, don't spend a lot of time finding exact data if you can estimate and be within 10%. If you are responsible for a newborn hearing screening program in more than one hospital, please complete a separate questionnaire for each hospital. If you need help completing the questionnaire, please call 888-827-0800 and ask for assistance concerning the annual survey. When you finish, please return the questionnaire in the enclosed postage-paid envelope. Thank you for your help!

1. About how many babies are born or admitted to this hospital each year? _____

2. Does this hospital have a Neonatal Intensive Care Unit (NICU)?

Yes	No (please go to question #3)
a. About what percentage** of the total births or admissions spend time in the NICU? _____%	
b. Check the most intensive level your NICU is equipped to handle: Level II Level III	

3. Does this hospital use a systematic procedure to decide whether newborns have a hearing loss?

Yes	No (please go to question #17)
Check the one which best describes the procedures for early identification of hearing loss used at this hospital?	
a) All or almost all newborns (more than 90%) are screened for hearing loss using a physiologic measure, such as auditory brainstem response (ABR) or otoacoustic emissions (OAE). [Please go to question 4.]	
b) Most newborns (50% to 90%) are screened for hearing loss using a physiologic measure such as ABR or OAE. [Please skip to question 6.]	
c) Some newborns (less than 50%) are screened for hearing loss using a physiologic measure such as ABR or OAE. [Please skip to question 6.]	
d) All newborns are screened for high risk indicators*** and newborns with risk factors receive or are referred for further physiologic screening or diagnostic testing. [Please skip to question 6.]	
e) Other (please describe briefly) _____ _____ _____ [Please skip to question 6.]	

*As used in this questionnaire, the word hospital includes birthing centers or other facilities licensed by the state to deliver babies.

**For this and all other questions which ask for percentages, use data from the most recent few months which you believe most accurately reflects the current operational status of your program.

***Typically used risk indicators include very low birth weight, mechanical ventilation for more than 5 days, TORCH infections, congenital malformations of the head and neck, immediate family members with congenital hearing loss, etc.

4. Approximately what month and year did this hospital begin doing universal newborn hearing screening (i.e., screening 90% or more of all births or admissions)?

(Month, Year) _____

5. Hospitals with universal newborn hearing screening programs use different protocols for screening. Please indicate which of the following protocols best fits what happens for the majority of babies at this hospital. If this hospital has both a well-baby nursery and a NICU, you should make one check in each column. If there is no NICU, leave that column blank. Abbreviations and terms used in this question are shown at the bottom of the page.

		<u>Type of Screening Protocol</u>	
Well Baby	NICU	1st Stage Screen (before discharge)	2nd Stage Screen (after discharge)
		a) ABR	None
		b) AABR	None
		c) OAE	None
		d) OAE followed by AABR or ABR for fails	None
		e) AABR	OAE
		f) OAE	OAE
		g) OAE followed by AABR or ABR for fails	OAE
		h) AABR	AABR or ABR
		i) OAE	AABR or ABR
		j) OAE followed by AABR or ABR for fails	AABR or ABR
		k) Other (please specify briefly) _____	

6. a) Estimate the percentage of babies born in or admitted to this hospital who are screened for hearing prior to discharge: _____%

b) Of the babies screened, what percentage pass the hearing screening test before being discharged? _____%

7. For the babies who do not pass the screen before they are discharged from the hospital, do you try to screen them again after discharge in a 2nd-stage screen **before** they are referred for a diagnostic evaluation?

Yes	No (please go to question #8)
a) Of the babies who are supposed to come back for this 2nd-stage screen, please estimate what percentage of babies return (remember, it is okay to estimate percentages) _____%	
b) Of the babies who return, estimate what percentage pass the 2nd-stage screen _____%	

AABR = Automated Auditory Brainstem Response

ABR = Auditory Brainstem Response

OAE = Transient Evoked Otoacoustic Emission

DPOAE = Distortion Product Otoacoustic Emission

1st Stage Screen = screening procedure completed before the baby is discharged from the hospital

2nd stage screen = a screening test done on an outpatient basis after the baby has been discharged

8. What is the make and model of all equipment currently used in your newborn hearing screening program? (Do not include equipment used only for diagnostic procedures)

Automated ABR _____

Conventional ABR _____

Transient Evoked Otoacoustic Emissions _____

Distortion Product Otoacoustic Emissions _____

9. For babies who do not pass the complete newborn hearing screening procedure:

- a. What is the typical procedure at your hospital? (check all that apply)

Parents are informed about results.

The infant's physician is informed about the results.

A referral is made to an audiologist for further diagnostic testing.

Hospital staff try to follow up to make sure the infant receives appropriate diagnostic and intervention services.

- b. Does an audiologist on the hospital staff do most or all of the diagnostic evaluations for babies referred from the screening program? Yes No

10. Does someone at the hospital keep track of whether babies diagnosed with a hearing loss receive appropriate intervention? (Skip this question if your program is less than 3 months old.)

Yes, for all or most babies	Yes, for some babies	No (please go to question #11)
<p>a. Estimate how many babies per 1000 from the hospital's screening program are diagnosed with a permanent hearing loss _____ per 1000 _____ don't know</p>		
<p>b. Estimate the average age at which babies with permanent hearing loss were positively identified _____ months</p>		
<p>c. Estimate the average age at which babies who need hearing aids receive them _____ (months)</p>		

11. Does your hospital charge third-party payers (i.e., health insurance companies) for the newborn hearing screening?

Yes	No
a. Estimate the average charge	\$ _____ Don't Know
b. Can you estimate the percentage of screens for which the hospital is reimbursed?	Yes, about _____ % No
c. Can you estimate the average amount the hospital is paid for those that do reimburse?	Yes, about \$ _____ No

12. In addition to any revenues received from private pay, insurance, or Medicaid, does the hospital receive outside funding to support the newborn hearing screening program?

Yes	No
a. From whom is this funding received (check all that apply)?	
Service organizations Hospital auxiliaries Part C of the Individuals with Disabilities Education Act	State Department of Health Private foundations Other _____
b. Estimate approximately how much outside funding was received during the last 12 months: \$ _____	
Don't Know	

13. Of babies screened for hearing loss at your hospital prior to discharge, estimate the percentage typically screened by each of the following:

_____ % Audiologist
 _____ % Certified or Licensed Audiometric Technician
 _____ % Nurse
 _____ % Health Care Assistant, LPN, or Nurse's Aide
 _____ % Technician other than Certified Audiometric Technician
 _____ % Clerical Staff
 _____ % Volunteer
 _____ % Student
 _____ % Other (please describe _____)

(The sum of all categories should be 100%)

14. Is there an audiologist on the staff at your hospital? Yes No Don't Know

15. Is an audiologist directly involved with your hospital's newborn hearing screening program?

Yes	No
<p>a. Is the audiologist most directly involved with your newborn hearing screening program:</p> <p> a full-time employee of the hospital?</p> <p> a part-time employee of the hospital?</p> <p> a paid consultant?</p> <p> an unpaid consultant?</p> <p> other (please describe) _____</p>	
<p>b. In what role is he or she involved? (check all that apply)</p> <p> Screens a significant percentage of the babies prior to discharge</p> <p> Day-to-day supervision of the program</p> <p> Consults as needed</p> <p> Managing patient information and data for tracking and follow-up</p> <p> Does significant percentage of outpatient hearing screening</p> <p> Does diagnostic evaluations for infants referred from the screening program</p> <p> Other (please describe) _____</p>	
<p>c. Estimate about how many hours a week the audiologist spends on activities associated with the newborn hearing screening program: _____ hours per week</p>	

16. Do parents give their permission for newborn hearing screening to be done? (check the answer that is best for most parents)

Parent's permission is assumed as a part of routine newborn care.
 Verbal permission must be given by parent before screening is done.
 Written permission must be obtained from a parent before screening is done.

17. For each of the issues listed below, write a number from the following 5-point scale to show how much of an obstacle you think it was (or still is) to set up and operate an effective newborn hearing screening program.

Definitely not
an obstacle

1 2 3 4 5

An extremely
serious obstacle

You should write a number for each issue in both of the columns (unless your program was started less than 3 months ago, and then only rate the as you were starting column.

	How much of an obstacle:	
	Was this as you were starting?	Is this at the current time?
a) Physicians are opposed		
b) Insurance companies don't reimburse adequately for newborn hearing screening.		
c) There are not enough good audiologic diagnostic services in our area.		
d) Early intervention services in our area for children with hearing loss are not adequate.		
e) Hospital stays for mothers and newborns are too short.		
f) There is not enough convincing data about the accuracy and feasibility of newborn hearing screening.		
g) Screening procedures are too complex and time-consuming.		
h) Equipment is too expensive.		
I) Too many babies with normal hearing fail the screening test.		
j) Parents are opposed.		
k) Hospitals are not willing to add another procedure.		
l) The benefits of early identification have not been proven.		
m) Managing all of the data and patient information is too time-consuming and difficult.		
n) Other (please describe) _____ _____ _____		

18. If we have questions or want clarification about any of your answers, is it okay to call you on the telephone?

Yes	No
<p>The best person to contact is:</p> <p>Name: _____</p> <p>Hospital or facility name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>E-mail: _____</p> <p>The best time to call is: _____</p>	

19. Is it okay to include the above information on a list of hospitals doing newborn hearing screening programs which we distribute to people who would like to start their own program and want to talk to someone who is already operating a program?

Yes, you can put our name on a list.

No, you should keep this information confidential.