Name of Hospital	

Newborn Hearing Screening Program Needs Assessment

Instructions: The following questions are about how your hospital or birthing center identifies newborns with hearing loss. Most people need about 20 minutes to complete the questionnaire. Please be as complete as possible. When you are asked for a number or percentage, you should not spend a lot of time finding exact data if you can estimate and be within 10%. For estimates of current status, use what you know about the last 2-3 months to make your best estimate. If

you a comp quest Surve	ou are responsible for a newborn hearing screening program in more than one hospital, please omplete a separate questionnaire for each hospital. If you need help completing the uestionnaire, please call 888-827-0800 and ask for help about the Newborn Hearing Screening urvey. 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.	Do	es th	is hospital have a Neonatal Intensiv	e Care Unit (NICU)?					
•		C	G Yes	G No (please go to question #3)					
	a. 1	Abou	t what percentage of the total births or admis	sions spend time in the NICU?%					
	b. (Chec	k the most intensive level your NICU is equip	oped to handle: G Level II G Level III					
3.		ring	nis hospital use any systematic proce loss? George Yes	dures to decide whether newborns have a G No (please go to question #23)					
	Che	eck th	ne one which best describes the procedures for	r early identification of hearing loss used at this hospital?					
G a) All or almost all newborns (more than 90%) are screened for hearing loss using a physiolog measure, such as auditory brainstem response (ABR) or otoacoustic emissions (OAE). [Ple question #4.]									
G b) Most newborns (50% to 90%) are screened for hearing loss using a physiologic measure s or OAE. [Please skip to question #6.]									
	G 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.]								
	G d) High risk indicators (e.g., very low birth weight, family history of hearing loss, hyperbilirubinemia, etc.) are identified for all newborns, and these babies receive or are referred for further physiologic screening or diagnostic testing. [Please skip to question #6.]								
	G	e)	Other (please describe briefly)						
				[Please skip to question #6.]					

4.	screening (i.e., screening 90% or more of all births or admissions)?					
	((Month, Year)				
5.	 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 typically pass the hearing screening test before being discharged? (remember, estimates are acceptable)%					
6.	you try to	abies who do not pass the screen before they are discharged from the hospital, do screen them again after discharge in a 2nd-stage screen before they are referred for tic evaluation?				
	G Y	Yes G No (please go to question #8)				
		e babies who are supposed to come back for this 2nd-stage screen, please estimate percentage of babies return				
	b) Of the	e babies who return, estimate what percentage pass the 2nd-stage screen%				
7.		e parents informed about a "pass" result from hearing screening done in the ? (check all that apply) Screening personnel inform parents.				
	G	Physician informs parents. Audiologist informs parents.				
	G G	Parents are informed by mail.				
	G	Parents are informed verbally before hospital discharge.				
	G G	Parents are informed through written material before hospital discharge. Parents are not informed of a test "pass" result. Other (specify)				
8.	How are apply)	e parents informed about babies who do not pass prior to discharge? (check all that				
	G G G G G G G					

9.	Who refers the family for a diagnostic evaluation when the baby does not pass the final screening test? (check all that apply)					
	G	Nursery staff				
		Physician				
	G G	E .				
	Ğ	Other, please describe				
10.		esponsible for assuring that an infant who does not pass the screening test receives stic evaluation? (check all that apply)				
	G	Nursery staff				
	G					
	G G	Audiologist Coordinator of hospital's Newborn Hearing Screening Program				
	G	After babies leave the hospital, we don't do any follow-up				
	G	Other, please describe				
11.		es who do not pass the hearing screening test, what are families told about their				
	options f	for obtaining diagnostic audiological services? (check all that apply)				
	G	No specific information is given regarding diagnostic audiological services.				
	G	Family is informed about audiologic services available within our hospital.				
	G G	Family is given a referral list consisting of audiologists in the area. Family is referred to a specific audiologist or clinic for hearing testing.				
	Ğ	Family is referred to a specific audiologist of clinic for hearing testing.				
	G	Family is referred to the State Department of Health.				
	G	Other (specify)				
12.		meone at the hospital keep track of whether babies diagnosed with a hearing loss appropriate intervention?				
	G	Yes, for all or most babies G Yes, for some babies G No				

newborn hearing screening?			
G Yes	G No	G Don't	Know
a. How does your hospital charge for hearing screening G Included in the room rate G Separate charge for hearing screens G Included in charge for birthing G Other (please specify)			
b. Estimate the average charge			\$ G Don't
c. Can you estimate the percentage of screens for which	h the hospital is	reimbursed?	G Yes, about% G No
c. Can you estimate the average amount the hospital is	paid for those th	at do reimburse	e? G Yes, about \$ G No
Cv			
G Yes	G No		
a. From whom is this funding received? (check all that	apply)		
	11 3/		
 G Service organizations (e.g., Lions, Elks, Rotary, etc.) G Hospital auxiliaries G Infant Toddler Program 	G DepartmeG Private for		Welfare
(e.g., Lions, Elks, Rotary, etc.) G Hospital auxiliaries	G Departme G Private for G Other	undations	
(e.g., Lions, Elks, Rotary, etc.) G Hospital auxiliaries G Infant Toddler Program	G Departme G Private for G Other	undations	
(e.g., Lions, Elks, Rotary, etc.) G Hospital auxiliaries G Infant Toddler Program b. Estimate approximately how much outside funding w	G Departme G Private for G Other	ing the last 12 r	months: \$ G Don't Know
(e.g., Lions, Elks, Rotary, etc.) G Hospital auxiliaries G Infant Toddler Program	G Departme G Private for G Other	undations ing the last 12 r o discharge,	months: \$ G Don't Know
(e.g., Lions, Elks, Rotary, etc.) G Hospital auxiliaries G Infant Toddler Program b. Estimate approximately how much outside funding we stimulate the strength of the streng	G Departme G Private for G Other was received dur ospital prior to ch of the foll etric Technic	o discharge, owing:	months: \$ G Don't Know
(e.g., Lions, Elks, Rotary, etc.) G Hospital auxiliaries G Infant Toddler Program b. Estimate approximately how much outside funding was a screened for hearing loss at your hopercentage of babies typically screened by each percentage of babies typically screened by each was a screened for Licensed Audiomatical Staff W Clerical Staff W Volunteer	G Departme G Private for G Other was received dur ospital prior to ch of the foll etric Technic r Nurse's Ai	o discharge, owing:	months: \$ G Don't Know estimate the
(e.g., Lions, Elks, Rotary, etc.) G Hospital auxiliaries G Infant Toddler Program b. Estimate approximately how much outside funding volume of babies screened for hearing loss at your hopercentage of babies typically screened by each percentage of babies typically screened by each with the control of th	G Departme G Private for G Other was received dur ospital prior to ch of the foll etric Technic r Nurse's Aid d Audiometr	o discharge, owing:	months: \$ G Don't Know estimate the

•	Which of the following best describes how parents give permission for newborn hearing screening to be done? (check the one answer that is best for most parents)
	G Parent's permission is assumed unless they specifically object and sign a waiver. If Yes, must the parent sign a waiver? G Yes G No
	G Verbal permission must be given by parent before screening is done.
	G Written permission must be obtained from a parent before screening is done.
	Is an audiologist directly involved with your hospital's newborn hearing screening program?
	G Yes G No
	a. Is the audiologist: (check the best answer)
	G a full-time employee of the hospital?
	G a part-time employee of the hospital?
	G a paid consultant?
	G an unpaid consultant?
	G other (please describe)
	b. In what role is this audiologist involved? (check all that apply)
	G Screens a significant percentage of the babies prior to discharge
	G Supervises day-to-day operation of the program
	G Consults as needed
	G Manages patient information and data for tracking and follow-up
	G Does significant percentage of outpatient hearing screening
	G Does diagnostic evaluations for infants referred from the screening program
	G Other (please describe)
	c. Estimate about how many hours a week the audiologist spends on activities associated with the newborn hearing screening program: hours per week don't know

18. A goal of the Newborn Hearing Screening Consortium is to help hospitals operate successful newborn hearing screening and intervention programs. For each area below, mark how useful past assistance from Consortium staff has been and whether you would like additional help in this area.

			How useful was past assistance?		-							
		No Help Given	Poor		Fair	Exc	cellent	No		Mayb	e	Definitely
a)	Promoting newborn hearing screening as the standard of medical care	G	1	2	3	4	5	1	2	3	4	5
b)	Establishing appropriate protocols and procedures for our hospital	G	1	2	3	4	5	1	2	3	4	5
c)	Selecting equipment	G	1	2	3	4	5	1	2	3	4	5
d)	Training staff to do screening	G	1	2	3	4	5	1	2	3	4	5
e)	Achieving lower refer rates	G	1	2	3	4	5	1	2	3	4	5
f)	Developing educational materials	G	1	2	3	4	5	1	2	3	4	5
g)	Communicating with parents and physicians	G	1	2	3	4	5	1	2	3	4	5
h)	Data management (tracking/referring newborns with abnormal screens)	G	1	2	3	4	5	1	2	3	4	5
i)	Connecting referred babies to diagnostic evaluations	G	1	2	3	4	5	1	2	3	4	5
j)	Financing the cost of screening	G	1	2	3	4	5	1	2	3	4	5
k)	Other (specify)	G	1	2	3	4	5	1	2	3	4	5

19. 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.

You should write a number for each issue in both of the columns (unless you don't have a hearing screening program, and then only rate the "current time" column).

	Definitely not An extremely an obstacle	How much of an obstacle:				
	an obstacle 1 2 3 4 5	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.					
1)	Managing all of the data and patient information is too time-consuming and difficult.					
m)	Other (please describe)					

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

G	Yes	G No								
The	The best person to contact is:									
	Name:									
	Hospital or facility name:									
	Address:									
	Phone:									
	Fax:									
	E-mail:									
The	best time to call is:		-							

G Check here if you would like us to send a summary of all results to the person listed in item #20.

Thank you for your help! Please return the questionnaire as soon as possible in the enclosed postage-page envelope.