Important Questions and Considerations for Hospitals
Considering Outsourcing of Newborn Hearing Screening

A comprehensive newborn hearing screening program must:

- Ensure coordination, oversight, accountability, sustainability
- Employ policies, procedures, and protocols based on established ‘best practices’ for screening, tracking and follow-up (e.g. JCIH Guidelines, NICHQ)
- Apply established benchmarks for QI/QA
- Employ well-qualified and well trained screening staff with appropriate continuing education
- Have buy-in from nursery support staff, administrators, stakeholders
- Have good working relationships with providers, audiologists, other stakeholders
- Be closely linked and conducted in accordance with the state EHDI program
- Employ a designated program coordinator/manager to:
  - Monitor and update policies, procedures, and protocols
  - Implement competency-based training to all screening staff
  - Coordinate schedules to ensure full time coverage
  - Ensure accountability for all nursery admissions
  - Monitor equipment, supplies, and maintenance
  - Respond to equipment problems if/when they arise
  - Monitor quality indicators (refer rates, missed rate)
  - Generate and disseminate program reports
  - Serve as a liaison between the hospital and the state EHDI program
  - Monitor compliance with state guidelines and reporting

For initial hospital-based screening; key questions:

- What screening protocols will be used for well-baby and NICU screening?
- What is the proposed timing of screenings?
- How many inpatient screenings will be attempted?
- Are both ears required to pass during the same screening session?
- What are protocols for babies with unilateral HL or external ear anomalies?
- What screening technology / protocols are proposed?
  - Modality (S-OAE, S-ABR, both?)
  - Stimulus level, test parameters, pass/fail criteria
  - Compatibility with state tracking and data management program
- Special considerations for NICU and high risk infants
  - How would babies be determined eligible (medically stable) for screening?
  - Would chart reviews be conducted to determine risks for late onset HL?
  - Can you be confident of well-coordinated working relationships with NICU staff, neonatologists, and audiologists?
  - Would a pediatric audiologist provide oversight of the NICU screening program?
Documentation of screening results:
  o Are there state and/or facility requirements regarding how, what, and where results are documented? (e.g. electronic medical/health record; discharge summary) and if so how will they be monitored?

Communicating screening results:
  o Who will inform parents/caregivers and answer their questions?
  o How will information be conveyed? (written, oral, both, state brochure?)
  o How will the hospital ensure that information is delivered accurately and with cultural sensitivity?

For infants who require out-patient rescreening and follow-up:
  o Will outpatient rescreens be provided and if so when/where?
  o What specific procedures will be followed when a baby fails the inpatient screen and needs to be seen for rescreening (e.g. NICHQ recommendations: schedule rescreening appointment, phone numbers, reminder calls, fax to PCP, etc)
  o What specific procedures will be followed when a baby fails the outpatient screen (e.g. immediate scheduling of dx audiology appointments)
  o How will those infants be tracked?

Compliance with institutional guidelines
  o How will training/compliance be handled for institutional requirements related to HIPAA, universal precautions, medical record access?
  o How will equipment manufacturer’s recommendations be implemented and monitored?
  o What are the implications of outsourcing for liability and risk management

Other Important Considerations
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 the screening option be presented to families and how would refusals be 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 and protocols
  • Many contractors have preferred equipment/protocols. Will you have choices for screening technology, equipment, and protocols? e.g. two-step OAE+ABR protocol
Tracking and Surveillance
Loss-to-follow-up and loss-to-documentation are major concerns throughout the nation. Also, some infants pass the screening but have risk factors for later-onset HL
• If NBHS is outsourced, what specific services related to tracking and surveillance will the contractor provide and how will they be provided?
• How will the hospital ensure that tracking and surveillance are optimal?

Billing and collection
• Families will receive a separate bill for NBHS. How much will the contractor charge and what happens if there’s an unpaid balance?

Communication within the hospital if outsourcing is under consideration
If outsourcing is being considered it should be thoroughly reviewed and discussed with all institutional stakeholders?
• Audiologists
• Pediatricians
• Otolaryngologists
• Nurses
• Hospital Administrators
• Other medical providers e.g. those involved with metabolic screening