




Tracking Tools Overview for Documenting, Tracking and Monitoring OAE Hearing Screening Outcomes

Step 1. Documenting OAE Screening & Diagnostic Outcomes (for each child's health record)




OAE Screening Form

This easy-to-use form reflects the recommended OAE screening protocol and shows the “next step” screeners should take if the child doesn’t pass the initial screening. The completed form can be filed as part of each child’s health record; it can also be copied and passed to the health care provider and/or audiologist if follow-up evaluation is needed.

OAE Hearing Screening Form (Example)	
 Program <u>LEHS</u> Child's Name <u>Felicia Reynolds</u>	
Child Information Child's ID #: <u>633</u> Date of Birth: <u>(03/21/02)</u> <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Screened for hearing loss at birth? <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Not screened <input type="checkbox"/> Passed <input type="checkbox"/> Referred	
Hearing Screening Outcomes Screener's Name: <u>Linda James</u>	
Child's LEFT Ear	
Visual Inspection <input type="checkbox"/> Refer - Date (/ /) → Consult health care provider; conduct OAE screening after medical clearance <input checked="" type="checkbox"/> Pass →	
1st OAE <u>(10/03/08)</u> <input type="checkbox"/> Can't test <input checked="" type="checkbox"/> Refer <input type="checkbox"/> Pass	2nd OAE <u>(10/10/08)</u> <input type="checkbox"/> Can't test <input checked="" type="checkbox"/> Refer <input type="checkbox"/> Pass
Schedule follow-up <u>(10/20/08)</u> Middle Ear Consultation (by health care provider)  Record outcomes on the Diagnostic Follow-up Form. After medical clearance, conduct an OAE Rescreen and refer for Audiological Evaluation (by a pediatric audiologist) if needed.	
Notes: _____ _____	
Child's RIGHT Ear	
Visual Inspection <input type="checkbox"/> Refer - Date (/ /) → Consult health care provider; conduct OAE screening after medical clearance <input checked="" type="checkbox"/> Pass →	
1st OAE <u>(10/03/08)</u> <input type="checkbox"/> Can't test <input checked="" type="checkbox"/> Refer <input type="checkbox"/> Pass	2nd OAE (/ /) <input type="checkbox"/> Can't test <input checked="" type="checkbox"/> Refer <input type="checkbox"/> Pass
Schedule follow-up (/ /) Middle Ear Consultation (by health care provider)  Record outcomes on the Diagnostic Follow-up Form. After medical clearance, conduct an OAE Rescreen and refer for Audiological Evaluation (by a pediatric audiologist) if needed.	
Notes: _____ _____	
Time Data Approximate total time with child required for screening (in minutes): 1st OAE <u>4</u> 2nd OAE <u>2</u>	

Diagnostic Follow-up Form

This form reflects the recommended diagnostic protocol when a child doesn't pass the OAE screening. Less than 10% of the total number of children screened typically require diagnostic follow-up. For these children, the completed form can be filed as part of the health record.

Diagnostic Follow-up Form (referral from OAE hearing screening- Example)	
CHILD'S NAME <u>Felicia Reynolds</u>	
 Middle Ear Consultation (typically conducted by a health care provider) Date: <u>(10/20/08)</u> <input type="checkbox"/> MD Name of person performing service: <u>Karen Jones</u>	
Medical service(s) performed: <input type="checkbox"/> Otoscopy <input type="checkbox"/> Pneumatic Otoscopy <input checked="" type="checkbox"/> Tympanometry <input type="checkbox"/> Other _____	
Diagnosis & Treatment: Ear <u>L</u> <u>R</u> <input checked="" type="checkbox"/> Normal (no condition or disorder detected) <input type="checkbox"/> Cerumen removal <input type="checkbox"/> PE tube blockage cleared <input type="checkbox"/> Middle ear disorder (describe): _____ <input type="checkbox"/> Other: _____	Follow-up recommendation(s) and date by which recommendation should be completed: (check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Repeat hearing screening <u>(10/26/08)</u> <input type="checkbox"/> Audiological evaluation (/ /) <input type="checkbox"/> Further medical evaluation (/ /) <input type="checkbox"/> Referral to Early Intervention (/ /) <input type="checkbox"/> Medical treatment (/ /) <input type="checkbox"/> Other (/ /)
when medical clearance is given (outer and middle ear are clear)	
Inner Ear Outcome	
 OAE Rescreen (by program) Ear <u>L</u> <u>R</u> <input type="checkbox"/> Can't test <input checked="" type="checkbox"/> Refer <input type="checkbox"/> Pass	 Audiological Evaluation (by pediatric audiologist) Date: <u>(11/01/08)</u> Name of person performing service: <u>Lou Perez</u> Audiological services performed: <input type="checkbox"/> ABR <input checked="" type="checkbox"/> Behavioral <input type="checkbox"/> Other _____
Hearing Status: (check one box under Type and Degree for each ear) Ear <u>L</u> <u>R</u> Type of loss Degree of Loss <input checked="" type="checkbox"/> Permanent loss (sensorineural, conductive, mixed) <input type="checkbox"/> Mild <input type="checkbox"/> Temporary loss (fluctuating conductive) <input type="checkbox"/> Moderate <input type="checkbox"/> Normal—no loss <input checked="" type="checkbox"/> Severe <input type="checkbox"/> Profound	
Follow-up recommendation(s) and date by which recommendation should be completed: (check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Repeat hearing screening (/ /) <input type="checkbox"/> Further medical evaluation <input checked="" type="checkbox"/> Referral to Early Intervention <u>(11/10/08)</u> <input type="checkbox"/> ABR <input type="checkbox"/> Behavioral <input type="checkbox"/> Other (/ /)	
Please complete evaluation as soon as possible and send this form to: Name: _____ Address: _____ Title: _____	

Step 2. Tracking OAE Screening & Follow-up Diagnostic Activities

The OAE Screening & Diagnostic Log (example shown below) is a simple way to keep track of which children have completed the screening and which need follow-up. The Log should be updated regularly as new children are enrolled in the program and as screening and diagnostic activities are completed. (You may want to refer to each child's OAE Screening and/or Follow-up Diagnostic Forms when filling out this Log.) The Log should reflect all OAE screening activities from August 15, 2008 to date.

Enter child names.

(Children already known to have a permanent hearing loss, who are under the care of an audiologist, do not need an OAE screening and should not be recorded on this log.)

OAE Screening & Diagnostic Log (Example) Print multiple copies of this log, as needed, and record the names of children 0 – 3 years of age in your program. Document each child's OAE screening outcome(s). For any child not passing the OAE screening, also record Middle Ear and Inner Ear diagnostic outcomes.	OAE Screening OAE 1 ← OAE 2		Middle Ear Consultation ← Diagnosis	Inner Ear Outcome ← Diagnosis
	a) Pass	b) Not Pass (Refer/Could not test)	g) Exited program before diagnosis	k) Exited program before diagnosis
	c) Exited before screening completed	d) Pass	h) Pass (middle & outer ear "clear," no condition or disorder detected)	l) Pass - program OAE Rescreen
Child's Name	e) Not Pass (Refer/Could not test)	f) Skipped OAE 2 (OAE 1 Direct Refer)	i) Not Pass (temporary condition, fluid or infection, OM, wax or PE tube blockage diagnosed/treated)	m) Pass - normal hearing
Kim Sanders	j) Skipped middle ear consultation	n) Permanent hearing loss		
Alonzo Bryans				
Raymond Sanchez				
Felicia Reynolds				

If a child **Passed** the screening or **Exited** your program, **no further screening or diagnostic activities will be recorded**. Draw a line through the remaining boxes to the right as a visual reminder that no follow-up is needed.

“✓” Record one OAE 1 result for every child.

A Pass means that BOTH ears passed and the screening is complete. If one or both ears referred/failed, or could not be tested, the overall result is *Not Pass* and an OAE 2 is needed

(If a child was referred to a health care provider from the Visual Inspection before an OAE screening attempt was made, complete the consultation and the OAE screening, then record the OAE 1 outcome.)

✓” Record one OAE 2 result for every child not passing the OAE 1.

Conduct an OAE 2 on every child's ear(s) not passing the OAE 1 screening. If one or both ears in question do *Not Pass*, mark that outcome and schedule a middle ear consultation. If a Pass is achieved, the screening is complete. If an OAE 2 has NOT YET been conducted, leave the column blank temporarily.

“✓” Record one Middle and one Inner Ear result for every child not passing (or “skipping”) the OAE 2.

If one or both ears in question do *Not Pass* the middle ear evaluation (temporary blockage or condition diagnosed), mark that as the overall outcome. No matter what the Middle Ear outcome is, an Inner Ear test is also needed. **Hearing screening is considered complete only when the child has passed an OAE screening on each ear or an inner ear evaluation has been conducted by an audiologist and you have received those results.** If follow-up diagnostic activities have NOT YET been completed, leave the columns blank temporarily.

Periodically, you will tabulate the results of each column “a” – “n” on the Log and record each tally on the Summary Sheet. (Depending on program enrollment, the tally will probably include multiple Log pages. It is expected that not all children will have completed the screening or diagnostic processes at any given point in time---therefore some children’s OAE 2 or Middle or Inner Ear outcomes will be left blank temporarily. These outcomes will be captured the next time a tabulation is done.)

This is an excellent way to summarize the overall outcomes to date of your OAE hearing screening efforts. The data can then be used for periodic reports, site reviews, and as evidence of compliance with performance standards.

OAE Screening & Diagnostic Log (Example)	OAE Screening		Middle Ear Consultation				Inner Ear Outcome			
	OAE 1	OAE 2	Diagnosis				Diagnosis			
Print multiple copies of this log, as needed, and record the names of children 0 – 3 years of age in your program. Document each child’s OAE screening outcome(s). For any child not passing the OAE screening, also record Middle Ear and Inner Ear diagnostic outcomes.	a) Pass b) Not Pass (Refer/Could not test) c) Exited before screening completed d) Pass e) Not Pass (Refer/Could not test) f) Skipped OAE 2 (OAE 1 Direct Refer) g) Exited program before diagnosis h) Pass (middle & outer ear “clear,” no condition or disorder detected) i) Not Pass (temporary condition, fluid or infection, OM, wax or PE tube blockage diagnosed/treated) j) Skipped middle ear consultation									
Child’s Name										
Kim Sanders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allonzo Bryans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raymond Sanchez	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felicia Reynolds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Summary Sheet of OAE Screening & Diagnostic Outcomes (Example)												
Print one copy of this sheet. Count the total number of checks marks in each column on your OAE Screening & Diagnostic Log (which may include multiple pages). Record today’s date and each total in the corresponding box “a” – “n” below. Use these totals, as prompted, to complete the information requested on the Online OAE Screening & Tracking Self-Monitoring Tool.												
Date	OAE Screening					Middle Ear Consultation				Inner Ear Outcome		
	OAE 1	OAE 2				Diagnosis				Diagnosis		
	a) Pass	b) Not Pass (Refer/Could not test)	c) Exited before screening completed	d) Pass (screening completed)	e) Not Pass (Refer/Could not test)	f) Skipped OAE 2 (OAE 1 Direct Refer)	g) Exited program before diagnosis	h) Pass (no condition or disorder detected)	i) Not Pass (temporary condition diagnosed/treated)	j) Skipped middle ear consultation	k) Exited program before diagnosis	l) Pass - program OAE Rescreen
10-01-08	11	8	1	1	4	0	0	1	2	0	0	1

Step 3. Monitoring Outcomes using the Online OAE Screening & Tracking Self-Monitoring Tool

To “test drive” the Online Self-Monitoring Tool, go to <http://www.surveygizmo.com/s/57634/oae-screening-tracking-self-monitoring-tool-sample-test-run>. Enter the column totals in the example shown above to receive an analysis.

Sign up (once) to use the Online Self-Monitoring Tool at <http://www.surveygizmo.com/s/56928/sign-up-for-self-monitoring-tool>.

After you sign up, you will be reminded periodically (approximately 6 times per year) to enter figures from your Summary Sheet into the Online Tool to obtain immediate feedback. Alternately, any time you are ready to get feedback on your own screening and follow-up activities, go to: <http://www.surveygizmo.com/s/55263/oaeself-monitoringtool>. Be sure to check your email after using the Online Tool. The feedback you receive will provide you with helpful information such as the initial OAE screening Pass Rate and the numbers of children who need follow-up.