

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.

Typically, about 75% of children will pass the first OAE screening on both ears. Children not passing the first OAE screening should receive a second OAE screening within 2 weeks. A small percentage of children (usually less than 10%) will not pass the second OAE screening and will need to be referred to a health care provider for a middle ear consultation.

The completed Screening 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>L.E.H.S</u> Child's Name <u>Felicia Reynolds</u>
Child Information	Child's ID #: <u>633</u> Date of Birth: <u>03/21/07</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>10/02/08</u>) 2nd OAE (<u>10/10/08</u>) <input type="checkbox"/> Can't test <input type="checkbox"/> Can't test <input checked="" type="checkbox"/> Refer <input checked="" type="checkbox"/> Refer <input type="checkbox"/> Pass <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>10/02/08</u>) 2nd OAE (/ /) <input type="checkbox"/> Can't test <input type="checkbox"/> Can't test <input checked="" type="checkbox"/> Refer <input type="checkbox"/> Refer <input type="checkbox"/> Pass <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 for children not passing the OAE screening (typically less than 10% of the total number of children screened) . For these children, a middle ear consultation should be completed by a health care provider and the outcome documented.

When the provider indicates that the outer and middle ear are clear, the screening program should complete an OAE Rescreen. If the child passes, no further action is needed. If the child does not pass, an audiological evaluation should be scheduled as soon as possible.

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"/> <input checked="" type="checkbox"/> Normal (no condition or disorder detected) <input type="checkbox"/> <input type="checkbox"/> Cerumen removal <input type="checkbox"/> <input type="checkbox"/> PE tube blockage cleared <input type="checkbox"/> <input type="checkbox"/> Middle ear disorder (describe): _____ <input type="checkbox"/> <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 <u>(/ /)</u> <input type="checkbox"/> Further medical evaluation <u>(/ /)</u> <input type="checkbox"/> Referral to Early Intervention <u>(/ /)</u> <input type="checkbox"/> Medical treatment <u>(/ /)</u> <input type="checkbox"/> Other <u>(/ /)</u>	
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"/> <input type="checkbox"/> Can't test <input checked="" type="checkbox"/> <input type="checkbox"/> Refer <input type="checkbox"/> <input checked="" type="checkbox"/> Pass			
Pass on both ears Screening Completed			
Please complete evaluation as soon as possible and send this form to:			
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 <input checked="" type="checkbox"/> <input type="checkbox"/> Permanent loss (sensorineural, conductive, mixed) <input type="checkbox"/> <input type="checkbox"/> Temporary loss (fluctuating conductive) <input type="checkbox"/> <input checked="" type="checkbox"/> Normal—no loss		Ear <u>L</u> <u>R</u> : Degree of Loss <input type="checkbox"/> <input type="checkbox"/> Mild <input type="checkbox"/> <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> <input type="checkbox"/> Severe <input type="checkbox"/> <input type="checkbox"/> Profound <input type="checkbox"/> <input checked="" type="checkbox"/> Normal—no loss	
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 <u>(/ /)</u> <input type="checkbox"/> Further medical evaluation <u>(/ /)</u> <input type="checkbox"/> ABR <input type="checkbox"/> Behavioral			
<input checked="" type="checkbox"/> Referral to Early Intervention <u>(11/10/08)</u> <input type="checkbox"/> Other <u>(/ /)</u>			
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.

OAE Screening & Diagnostic Log (Example)	OAE Screening OAE 1 ← OAE 2		Middle Ear Consultation Diagnosis	Inner Ear Outcome 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	k) Exited program before diagnosis l) Pass - program OAE Rescreen m) Pass - normal hearing n) Permanent hearing loss
Child's Name <i>Kim Sanders</i>	<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"/> <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"/> <input type="checkbox"/>
<i>Alonzo Bryans</i>	<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"/> <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"/> <input type="checkbox"/>
<i>Raymond Sanchez</i>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>Felicia Reynolds</i>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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"/> <input checked="" type="checkbox"/> <input type="checkbox"/>

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.)

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.

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 one Middle Ear and one Inner Ear diagnostic outcome.				
Child's Name	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	k) Exited program before diagnosis l) Pass - program OAE Rescreen m) Pass - normal hearing (Audiologist Evaluation) n) Permanent hearing loss
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"/> <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"/> <input type="checkbox"/>
Alonzo 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"/> <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"/> <input type="checkbox"/>
Raymond Sanchez	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Periodically, you will tabulate the results of each column "a" – "n" on the Log and record each tally on the Summary Sheet shown below. 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 the outcomes are tabulated.

Summary Sheet of OAE Screening & Diagnostic Outcomes

Print one copy of this sheet. Periodically, count the total number of checks marks in each column on your OAE Screening & Diagnostic Log (which may include multiple pages). Record the 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 program 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	m) Pass - Normal Hearing (Audiologist Evaluation)	n) Permanent hearing loss (Audiologist Evaluation)
10-01-08	11	2	1	1	4	1	0	2	2	0	1	2	0	1

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.

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

To “test drive” the Online Self-Monitoring Tool, go to <http://tinyurl.com/testdrivemonitoringtool>. 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://tinyurl.com/signupformonitoringtool>.

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://tinyurl.com/oaemonitoringtool>. 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.

OAE Screening and Tracking Self-Monitoring Tool

Please take a few moments to provide up-to-date information on your OAE screening and follow-up outcomes. This data will help you evaluate how you are doing in identifying children with hearing health concerns and will also help us know what, if any, additional resources and support might be needed.

Using the current column TOTALS from your Summary Sheet of OAE Screening and Diagnostic Outcomes, please enter information in the fields "a" through "n" below. For example, the column "a" total from the Summary Sheet corresponds with item "a" below, the column "b" total corresponds with item "b" below, etc. These cumulative totals will reflect all OAE screening activities from August 15, 2008 to date.

USE YOUR TAB KEY TO MOVE BETWEEN ENTRY FIELDS.

OAE SCREENING RESULTS

OAE 1 Outcomes

Enter your OAE 1 screening outcomes. (Added together, a and b should equal all children, 0-3 years of age, screened between August 15, 2008 and today.)

a) # of children who PASSED the OAE 1 on BOTH EARS (screening was completed).

b) # of children who DID NOT PASS the OAE 1.

0 total

OAE 2 Outcomes

Children not passing the OAE 1 on both ears need an OAE 2 screening. Enter your OAE 2 screening outcomes to date.

c) # of children who needed an OAE 2, but exited the program before it was completed.