Transitioning to UNHS Existing Program Status

Hospital: Da	te:				
Hearing Screening Coordinator:					
UNHS Consultant:					
Using a numerical guide, 1= poor 3=fair 5=excellent, please rank for hearing screening.	the hosp	oital s p	ohysica	l capaci	ty
	1	2	3	4	5
1. Hearing screening equipment is available to all nurseries or infant care areas				-	
2. Hearing testing is conducted at a consistent time frame post birth (i.e. 12 hours post birth)					
3. Hearing testing is available 7 days a week					
4. Hearing screening protocols are readily available and understood by all screeners					
5. Hearing screeners receive formal training annually					
6. Parents are informed of their baby s hearing test results					
7. There is a referral plan for infants who do not pass the hearing test					
8. Hearing testing area is conducive to accurate screening					
9. Equipment manual is available to all screeners					
10. Audiological consultation is available when questions arise					
11. Parental consent for hearing screening is addressed					
12. At least 90% of babies receive hearing screening					
13. Hospital reporting procedure is adequate to support UNHS regulations (KRS)					
14. A hearing screening contact person has been identified to the UNHS-CCSHCN office					
15. Hearing screening equipment has been calibrated within the past year					
If an area scores less than a 3: list an impler	nentatio	on su	ggesti	on:	

List existing test protocol:

List type of hearing screening equipment used:	
When and Where are babies tested:	
How many births per year.	
How many times are babies tested?	
What constitutes a pass hearing screening	
How are follow-up appointments scheduled?	
To comply with CCSHCN-UNHS standards, the following programming need be implemented:	ds to
Hearing Screening training to be performed on or before	
Hospital CCSHCN-UNHS expected implementation date:	
CCSHCN-UNHS consultant Signature	Date
Hospital Hearing Screening Coordinator Signature D)ate