

# Michigan Universal Newborn Hearing Screening Program Rating Form

	Excellent	Good	Fair	Unsatisfactory
<b>Hospital:</b> _____  Reporting period: ___/___/___ to ___/___/___ Date report was run: ___/___/___				
<b>Reporting</b> <span style="float: right;"><i>(Excellent &gt;95%, Good 90-95%, Fair 85-89%, Unsatisfactory &lt;85%)</i></span>  Percentage of inpatient hearing screen <u>reports received</u> at MDCH. (# of inpatient hearing screen reports received / # of births) _____ / _____ x 100 = _____				
<b>Inpatient Screening Outcomes</b> <span style="float: right;"><i>(Excellent &lt;5%, Good 5-7%, Fair 8-10%, Unsatisfactory &gt;10%)</i></span>  Percentage of infants with <u>refer</u> hearing screen results. (# of infants referred / # of completed reports received) _____ / _____ x 100 = _____ (Completed reports include documented hearing outcomes for both ears)  Percentage of infants with an <u>incomplete</u> report due to infant restlessness, equipment failure, environmental noise, parent refusal, or transferred. (# of infants with an incomplete report / total # of reports received) _____ / _____ x 100 = _____  <div style="text-align: right;"><i>(Excellent &lt;1%, Good 2%, Fair 3%, Unsatisfactory &gt;3%)</i></div> Percentage of infants with an <u>incomplete report due to discharged without screen</u> . (# of infants discharged without screen / total # of births) _____ / _____ x 100 = _____				
<b>Outpatient Follow-up</b> <span style="float: right;"><i>(Excellent &gt;90%, Good 80-90%, Fair 70-80%, Unsatisfactory &lt;70%)</i></span>  Percentage of inpatient infants <u>referred (bilateral)</u> who completed outpatient testing. (# of completed outpatient results / total # of inpatient bilateral referrals) _____ / _____ x 100 = _____  Percentage of inpatient infants <u>referred (unilateral)</u> who completed outpatient testing. (# of completed outpatient results / total # of inpatient unilateral referrals) _____ / _____ x 100 = _____  Percentage of inpatient infants with <u>incomplete screens</u> who completed outpatient testing. (# of completed outpatient reports / total # of inpatient incomplete) _____ / _____ x 100 = _____	N A	N A	N A	N A

**In Excellent Category:**  
**5 out of 6 = Gold Rating (Certificate of Excellence)**  
**4 out of 6 = Silver Rating**  
**3 out of 6 = Bronze Rating**

## Suggestions for Improvement

<p><b>Reporting</b></p> <p><u>Goal:</u> &gt;95% of all births have a hearing screen reported to the MDCH/EHDI Program</p>	<ul style="list-style-type: none"> <li>• Develop protocol to documents all births, hearing screens, reporting results on blood card/chart, and blood card results submitted to state.</li> <li>• Develop backup protocol for discharge nurse to ensure screening was complete and report sent to state.</li> <li>• NICU infants should be reported as incomplete, test pending on blood card (subsequent screen should be reported on Aud/Med form).</li> </ul>
<p><b>Inpatient Screening Outcomes</b></p> <p><u>Goal:</u> #1 &lt;5% referral rate</p> <p>#2 &lt;5% incomplete rate</p> <p>#3 &lt;1% discharge without screening</p>	<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• Document screener who is performing screen.</li> <li>• Document reasons for parental refusal.</li> <li>• Document when repeat inpatient screen is needed and completed.</li> <li>• Document when referral for outpatient screen is needed.</li> <li>• Document the name of the primary care physician for all children who need outpatient screening.</li> <li>• Develop system for recording when outpatient screens are completed.</li> </ul> <p><b>Screening technique</b></p> <ul style="list-style-type: none"> <li>• Train enough screeners to have daily coverage, but don't train more screeners than necessary.</li> <li>• Assess individual screener competence/provide further training if needed.</li> <li>• Establish environment conducive to screening <ul style="list-style-type: none"> <li>-quiet, free from distractions</li> <li>-appropriate timing (early morning, night, after feeding).</li> </ul> </li> <li>• When preparing the infant for screening, do not unnecessarily disturb the infant.</li> <li>• Screen the ear up side first.</li> <li>• If using OAE, gently massage ear canal.</li> <li>• Screen infants who refer at least twice before discharge.</li> </ul> <p><b>Equipment Considerations</b></p> <ul style="list-style-type: none"> <li>• Document calibration and equipment checks.</li> <li>• For equipment failure: know community sites that have equipment and establish equipment contract for backup.</li> <li>• Call manufacture for consultation on screening equipment.</li> </ul>
<p><b>Outpatient Follow-up</b></p> <p><u>Goal:</u> #1: &gt;90% complete outpatient testing</p> <p>(Outpatient screening should be completed by 1 month and, if needed, diagnostic testing by 3 months)</p>	<ul style="list-style-type: none"> <li>• Develop an outpatient recall rescreening program within the hospital or develop referral protocol where the referral site is known.</li> <li>• Provide parents with verbal and written information regarding hearing screening results, importance for follow-up, and protocol for follow up before discharge.</li> <li>• Ensure that follow-up literature is language appropriate.</li> <li>• Make appointment/referral for testing before discharge.</li> <li>• Obtain alternate contact numbers for the family.</li> <li>• Confirm with the family the name of the physician who will be caring for the child after discharge.</li> <li>• Inform primary care physician of the results and discuss follow-up protocol.</li> <li>• Know and make available information regarding community support services that can assist families in the rescreen/diagnostic process. (Public Health Nurse, Part C, CSHCS).</li> <li>• Join/establish county EHDI consortium meeting.</li> <li>• Call family to confirm that follow-up is completed.</li> <li>• Contact referral site to confirm that outcome is completed.</li> </ul>