



# Nurse Manager Worksheet

8.2022

**T**he Virtual Site Visit Nurse Manager Worksheet is a tool to systematically review the current processes of your Newborn Hearing Screening (NBHS) program and determine areas for improvement and updating. The worksheet provides a central place to document key aspects of your NBHS program that are important in training new staff and with transitions of leadership to support continuity of care. This document should be kept in a central place, both hard copy and electronically, for ease of staff access.

This document shall be stored electronically at:

This document shall be stored physically at:

## Contact Information

### INDIVIDUAL COMPLETING THE WORKSHEET

Date of Completion:

Contact information for the individual completing the worksheet:

Name:

Hospital's Official Name:

Address:

Address 2:

City, State, Zip Code

Phone:

Email:

### STATE AGENCY ADMINISTERING THE EHDI PROGRAM

Name:

Address:

Address 2:

City, State, Zip Code

Phone:

Email:

Website:

### PEDIATRIC AUDIOLOGY SUPPORT (if applicable)

Name:

Clinic Name:

Phone:

Email:

### FACILITY CONTACT FOR STAFF TRAINING (if applicable)

Contact information for the facility's clinical educator:

Name:

Phone:

Email:

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## Support Materials

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### POLICIES AND PROCEDURES:

Location for policies and procedures:

How often are policies and procedures updated?

### BROCHURES:

Does your facility provide newborn hearing screening informational brochures? Yes  No

When does your facility provide the brochures to the parent/caregiver? (select all that apply)

- At OB appointments
- At pre-natal classes
- At bedside
- At discharge in parent education packet

Other:

Which informational brochures are provided to parents by the facility? (select all that apply)

- About newborn hearing screening (prior to screening)
- About results and next steps (after screening)

Other:

Does the state EHDl Program provide content requirements or guidelines on newborn hearing screening brochure content? Yes  No

Citation for guidance:

In what languages are the brochures available?

Weblink where brochures may be printed on-demand:

Is there a cost for the brochures?  Yes  No

Indicate cost of the brochures:

Who is responsible for ordering the brochures?

Contact Information for where brochures may be obtained:

Name:

Address:

Address 2:

City, State, Zip Code:

Where are the newborn hearing screening brochures stored at your facility?

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### VIDEOS:

Does your facility provide informative videos for parents/caregivers on newborn hearing screening? (e.g. Hands & Voices: Loss and Found, NBS video)  Yes  No

Does your facility provide informative videos for parents/caregivers on Cytomegalovirus (CMV) screening?  Yes  No

How can parents/caregivers access the videos?

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## Relaying Results

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### RELAYING RESULTS AND INFORMATION TO PARENTS:

Which staff member(s) inform(s) the family about newborn hearing screening prior to screening?

Does your facility have a designated consent form for newborn hearing screening?  Yes  No

If yes, citation?

## Relaying Results (Continued)

Which staff member(s) provide hearing screening results to the parent/ caregiver?

If a family refuses screening, is there a staff member other than the screener who will speak with the family?

Yes

No

If yes, whom?

Does your facility require a signed refusal of newborn hearing screening?

Yes

No

If yes, does your facility have a designated refusal form (waiver)?

Yes

No

If yes, citation?

Provide the name and location for the waiver:

If a baby is born with atresia or microtia, is there a staff member other than the screener who will speak with the family?

Yes

No

If yes, whom?

After discharge who should the parent/ caregiver contact if questions arise?

Name:

Phone:

Does your facility provide information on late onset or progressive hearing loss/ risk factors?

Yes

No

If yes, how is the information provided?

### RELAYING RESULTS TO THE HEALTHCARE PROVIDER:

How are newborn hearing screening results provided to the healthcare provider for inpatient screening? (e.g. on the discharge summary, Via fax, phone call)

How are newborn hearing screening results provided to the healthcare provider for outpatient screening? (e.g. mailed letter, via fax, phone call)

How is the healthcare provider notified when the parents/ caregivers refuse the screening or follow-up screening?

## Follow-Up Support

### SOCIAL WORK ASSISTANCE/ NURSE CASE MANAGEMENT – FOR NEWBORN HEARING SCREENING FOLLOW-UP

Select all of the following for which your facility's social work department provides assistance:

Scheduling outpatient appointments

Transportation

Childcare

Referrals

Insurance enrollment

Other:

# Outpatient Follow-Up

## OUTPATIENT FOLLOW-UP

For which of the following does your facility provide outpatient follow-up? (select all that apply)

- Screening
- Audiology
- No follow-up services are provided

If yes, what is the phone number for scheduling an outpatient follow-up appointment?

Location of outpatient follow-up?

Outpatient appointments are scheduled to happen within \_\_\_\_ days after discharge. (e.g. within 7 days) Reminder calls/ texts are made \_\_\_\_\_ day(s) before the appt.

Who makes reminder calls?

What are the next steps when a family does not keep the outpatient appointment? (select all that apply)

- Attempt to contact the family or an alternative contact to reschedule the appointment
- Inform the baby's healthcare provider
- Inform the state EHDI program
- We do not have next steps

At what age does your facility no longer conduct or schedule outpatient screening?

If the baby does not pass the outpatient follow-up screening the family is given the following pediatric audiology clinics for services:

Name:

Phone:

Name:

Phone:

Name:

Phone:

Additional Comments:

Information on the following is provided for families when the infant does not pass newborn hearing follow-up: (select all that apply)

- EHDIPALS.org
- Part C/ Early Intervention
- Family Based Organizations related to hearing loss (atypical hearing)

Comment:

- State resources/ audiology clinics

Comment:

Other:

Is information regarding state financial or support resources provided for when additional testing is needed?

Yes

No

If yes, please list:

## Communication Access for the Parent / Caregiver

Contact information for Americans with Disabilities Act (ADA) accommodations e.g. American Sign Language interpreters

Name:

Phone:

Notes:

Contact information for translators e.g. Spanish, Chinese, etc.

Name:

Phone:

Notes:

If translation is not available, what are the next steps?

## Cytomegalovirus (CMV)

Does your facility provide CMV screening?

Yes, universal screening

Yes, for all infants not passing the hearing screening

Yes, at the parent request

Yes, based on physician order

No, CMV screening is not completed

Comments:

Does your facility provide a brochure about CMV?

Yes

No

Does the state EHDI Program provide content requirements or guidelines on CMV brochure content?

Yes

No

Citation for guidance:

In what languages are the CMV brochures available?

Weblink where CMV brochures may be printed on-demand:

Is there a cost for CMV brochures?

Yes

No

Contact Information for where CMV brochures may be obtained:

Name:

Address:

Address 2:

City, State, Zip Code:

Where are the CMV brochures stored at your facility?

How does your facility distribute CMV brochures to parent/ caregiver?

## Equipment, Supplies & Calibration

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Where are hearing screening supplies stored?

Process for ordering hearing screening supplies:

**Facility Contact** information for ordering hearing screening supplies:

Name:

Address:

Address 2:

City, State Zip Code:

Phone:

Email:

**Facility Contact** information for internal technical support (e.g. biomed):

Name:

Address:

Address 2:

City, State Zip Code:

Phone:

Email:

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### Equipment 1 Make and Model:

Technology:

OAE

A-ABR

Process for completing the annual calibration with the equipment manufacturer or the local certified equipment technician for your specific hearing screening equipment:

Last calibration date (mm/yyyy)

Calibration due date (mm/yyyy)

Who to contact for **scheduling the annual calibration**:

Name:

Address:

Address 2:

City, State, Zip Code:

Phone:

Email:

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## Equipment, Supplies & Calibration (Continued)

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### Equipment 1 information continued:

**Equipment manufacturer contact** information related technical support:

Name:

Address:

Address 2:

City, State Zip Code:

Phone:

Email:

Website:

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### Equipment 2 Make and Model:

Technology:

OAE

A-ABR

Process for completing the annual calibration with the equipment manufacturer or the local certified equipment technician for your specific hearing screening equipment:

Last calibration date (mm/yyyy):

Calibration due date (mm/yyyy):

Who to contact for **scheduling the annual calibration**:

Name:

Address:

Address 2:

City, State, Zip Code:

Phone:

Email:

**Equipment manufacturer contact** information related technical support:

Name:

Address:

Address 2:

City, State Zip Code:

Phone:

Email:

Website:

If you have questions regarding this worksheet please email [nhstc@infanthearing.org](mailto:nhstc@infanthearing.org).