

II. Hospital/Birthing Facility, Birth Attendant Protocols and Responsibilities

A. PROTOCOLS FOR NEWBORN HEARING SCREENING

1. INFORMED CONSENT

It is important that parents are given information in advance about the hearing screening process (Appendix C). Whether the information is provided prior to or upon admission to the hospital or just prior to the screening process, the information should include a brief description of the screening process, when the screening process will take place, the approximate duration of the screening, where the screening will be performed, and who will perform the screening.

All licensed birthing facilities must provide a minimum standard of education to the parent about the importance of newborn hearing screening (Refer to the Educational Protocol in Appendix C). The state-approved “Can Your Baby Hear?” brochure should be provided to the parent along with the educational presentation. (Refer to Appendix D for educational materials available from the state program.)

A parent may refuse the newborn screening. The hospital must have the standard refusal form available for the parents to sign if consent for hearing screen **is not** given (Appendix E). The signed form should be retained in the hospital medical record for that infant. A copy of the signed form must be faxed to the UNHS program (refer to the Documentation subsection beginning on page 8 for details).

Even if a parent does not consent to hearing screening, still provide the state-provided “Can Your Baby Hear?” brochure in the discharge packet. Also recommend that, if at any point in the infant-toddler-child's development the parents suspect a hearing loss, the child should be referred for audiologic services.

2. TWO-STEP SCREENING

The purpose of any screening program is to identify the population that needs to have more in-depth (diagnostic) testing. A two-step screening process (initial screen prior to discharge and second screen either prior to discharge or as an outpatient within 30 days of birth if the initial result is Refer) is the state standard. **The purpose of the two-step screening process is to reduce the overall referral rate for follow-up testing.**

Newborn Hearing Screening PRIOR TO HOSPITAL DISCHARGE

Result at Completion of Screening	1	2	3	4
PASS in both ears	Record the screening result in the baby's medical record.	Write the results on the "Baby Hearing Test" form (see Appendix D) and give it to the parent(s). Tell the parents to see an audiologist if they ever suspect a loss in their child's hearing.	Notify the infant's Primary Care Provider/Medical Home of the screening result in writing.	Record the screening results in the HI*TRACK Software.
REFER in one or both ears	Record the screening result in the baby's medical record. Rescreen in 4-6 hours or on the next day if baby not immediately Discharged.	Write the results on the "Baby Hearing Test" form (see Appendix D) and give it to the parent(s). Tell the parents that a rescreen will be necessary and give them information about why newborn rescreens may be necessary (see Appendix D). Make the rescreen appointment for the next week PRIOR TO discharge. IF there is a facility charge for outpatient rescreen, give the parents the contact information for the Hearing Conservation Program audiologist in the area who can provide the rescreen at no cost. (See Appendix H for the HCP audiologists).	Notify the infant's Primary Care Provider/Medical Home of the screening result in writing.	Record the screening results in the HI*TRACK Software.
MISSED (discharged without newborn hearing screening)	Record the non-screening result and all attempts to contact family in the baby's medical record.	Attempt to contact the family by telephone at least twice to schedule an appointment for screening. If unable to reach the family after two attempts, or if the phone has been disconnected, send a certified letter to the last known address.	Notify the infant's Primary Care Provider/Medical Home of the non-screening result in writing.	Record the non-screening result in the HI*TRACK software and all attempts to contact the family.
REFUSED (parent/guardian has completed and signed refusal form)	Include the signed Refusal in the baby's medical record.	Fax a copy of the completed refusal form that complies with the state's standard (Appendix E) to the state program by the 15th of the month for the baby born in the previous month and for whom the parent/guardian refused screening.	Notify the infant's Primary Care Provider/Medical Home of the refusal in writing.	Record the non-screening result in the HI*TRACK Software as "Refused."

RESCREENING (Second Screen when Refer results on initial newborn hearing screening)

Screening Result	1	2	3	4
PASS in both ears	Record the re-screening results in the baby's medical Record.	Write the results on another "Baby Hearing Test" form (see Appendix D) and give it to the parent(s). Tell the parents to see an audiologist if they ever suspect a loss in their child's hearing.	Notify the infant's Primary Care Provider/Medical Home of the screening result in writing.	Record the screening results in the HI*TRACK Software.
REFER in one or both ears	Record the re-screening results in the baby's medical Record.	Write the results on another "Baby Hearing Test" form (see Appendix D) and give it to the parent(s). Tell the parents that an assessment by an audiologist who can perform a complete assessment should be performed before the baby is three months of age.	Notify the infant's Primary Care Provider/Medical Home of the screening result in writing.	Record the screening results, the PCP's full Name, and date of notification of screening results was made in the HI*TRACK software in the "Notes" in the baby's record
BROKEN APPOINTMENT (parent does not bring baby to scheduled outpatient screening)	Record the broken appointment & all attempts to contact family in the baby's medical record.	Attempt to contact the family by telephone at least twice to re-schedule an appointment for screening. If unable to reach the family after two attempts, or if the phone has been disconnected, send a registered letter to the last known address.	Notify the infant's Primary Care Provider/Medical Home of the non-screening result in writing.	Record the Broken Appointment result in the HI*TRACK software. If no further response, record new Result as Lost/Locate.
REFUSED (parent/guardian has completed and signed refusal form)	Include the signed Refusal in the baby's medical record.	Fax a copy of the completed refusal form that complies with the state's standard (Appendix E) to the state program by the 15th of the month for the baby born in the previous month and for whom the parent/guardian refused screening.	Notify the infant's Primary Care Provider/Medical Home of the non-screening result in writing.	Record the Refusal screening result in the HI*TRACK Software.

3. NICU/MEDICALLY FRAGILE INFANTS

a. In-Hospital/Birthing Facility Birth

By the age of one month, an infant shall receive hearing screening unless the infant has delayed physiological development or physiological instability as a result of illness or premature birth. In any circumstance, the infant shall be screened **prior to discharge to the home** and as early as physiological development or stability will permit reliable screening.

b. Transfers

If an infant is transferred directly to a hospital or screening birth center subsequent to a home birth, **the responsibility for screening lies with the hospital from which the infant is discharged.** Under these circumstances, the hospital from which the infant is discharged to home shall follow the same newborn hearing screening protocols as if the child had been born in its hospital. **If the baby is transferred from the birth center to another hospital before hearing screening can be performed, i.e., transfer to a NICU on the Date of Birth, the screening responsibility resides with the hospital to which the baby was transferred. If the baby is transferred back to the birth hospital, the newborn hearing screening is to be performed by the NICU hospital before discharge to the birth hospital.**

B. HOSPITAL/BIRTHING FACILITIES PERSONNEL RESPONSIBILITIES

1. ADMINISTRATIVE RESPONSIBILITIES OF THE HOSPITAL UNHS

Each hospital/birthing facility should designate a physician to oversee the medical aspects of the program. An on-site Manager of the Universal Newborn Hearing Screening (UNHS) program at all birthing facilities should be responsible for the following:

- a. Becoming knowledgeable about the requirements of the state law concerning newborn hearing screening requirements.
- b. Providing information regarding the UNHS program to hospital administration, the state, physicians, parents, audiologists, outside agencies, and **assessing performance of the program on a regular basis.** Program performance factors should include:
 - i. Determination of inpatient Refer rate **by staff member** (OAE Refer results should not exceed 10% of all screening results; AABR Refer results should not exceed 4% if all screening results.)
 - ii. Examination of Missed, Invalid, or Refusal rates by shift

- iii. Status of annual screening competency demonstrations for all screening staff members on all shifts.
- c. Writing and implementing a hospital policy for the UNHS program in consultation with the hospital's medical director, consulting audiologist, OB nurse manager, and others.
- d. Budgeting for necessary equipment and supplies, including annual maintenance of the screening equipment.
- e. Coordinating/supervising personnel providing screening, including ongoing monitoring of competency. Screening coverage must be available all days of the week and across all shifts. All screeners should be trained by the UNHS program manager or competent designee.
- f. Overseeing data management and reporting of data as required.

A quick, but thorough, on-line newborn hearing screening training program is available from the National Center for Hearing Administration and Management through the Montana state program website. <http://www.dphhs.mt.gov/PHSD/family-health/newborn/newborn-screening.shtml> (A DVD is also available from the state program if on-line training is not viable at the local hospital.) There is a written competency test available that should be used in conjunction with, at minimum, annual observation and assessment of an actual newborn hearing screening by each staff member.

2. SCREENER RESPONSIBILITY OF THE HOSPITAL UNHS

Duties and responsibilities of support personnel may vary according to the facility. Duties and responsibilities may include the following items:

- a. Selecting and preparing infants for screening based upon program policies and nursery requirements.
- b. Operating screening equipment according to manufacturer's instructions and instructions received in training.
- c. Recording results of screening for the medical record and disseminating information to appropriate personnel.
- d. Notifying program manager of low supplies and equipment problems.
- e. Completing records and logs as required.
- f. Cleaning and disposing of supplies for screening, observing infection control procedures.

Screeners may only report, but not interpret, hearing screening results. Screeners may not refer a patient's family to other professionals or agencies without a clear protocol established by the program Manager and physician in charge of the UNHS.

3. SCREENING PROTOCOL

Refer to pages 4 and 5 of these Guidelines for the two-step screening protocol to be

followed by all Montana licensed birthing facilities.

NOTE: It is NOT appropriate to repeat newborn screening more than once when “Refer” results are achieved. Multiple rescreening can eventually result in a “Pass” result as an artifact of trying different positioning of the probe in an attempt to obtain a “Pass” result. Both OAE and ABR technology are effective newborn screening methods and should not be manipulated to achieve a desired result, but rather treated seriously as required screening for possible hearing loss requiring follow-up audiological assessment to determine whether hearing loss is present.

4. DOCUMENTATION

The Montana Department of Public Health and Human Services (DPHHS) pays for the license for the HI*TRACK data management software for all hospitals providing birthing services. This data system allows for the collection of required newborn hearing screening information. As with any data management system, HI*TRACK should be maintained on computer(s) that are backed up on a regular basis.

Each hospital shall report via submission of HI*TRACK download to the DPHHS state program **by no later than** the 15th of each month on the hearing screening data for all babies born at that facility or transferred in during the previous month. The data to be recorded in HI*TRACK (H*T) for each baby shall include:

- a. the full name, date of birth, gender, mother’s maiden name, and location of the baby’s birth;
- b. explanation in the Notes of the baby’s H*T record why the facility did not provide a complete hearing screening to the newborn as required, such as early discharge, screening equipment not working properly, parent Refused Screening (include date fax of signed Refusal form sent to state program);.
- c. if the newborn was provided an initial screening prior to discharge, the results of that screening, and (in the Notes of the record) **the date scheduled prior to discharge for follow-up hearing screening within a week of discharge if Refer results obtained (this may be recorded as a screening result of “Scheduled” for that arranged date instead of written into the Notes of the H*T record);**
- d. **all** the newborn’s hearing screening results (the best way to do this is to download the screening data directly from the screening equipment into H*T); and
- e. the full name of the newborn’s primary care provider in the baby’s Notes of the H*T record **if** the newborn hearing screening indicated a need for audiology assessment (for example, two separate inpatient screenings with “Refer” results OR an inpatient and outpatient “Refer” result).

The HI*TRACK software provides for the recording of all these data.

If a newborn is discharged from a hospital after an initial screening that indicated a possible hearing loss, the hospital shall file an updated screening report regarding the newborn’s hearing screening status by the 15th day of the month immediately following the appointment date set for the second screening. NOTE: This appointment for rescreening as an outpatient must be set prior to initial discharge and should be for a return screening within one week of discharge. (Sending the monthly download of H*T data to the state program by means of the Standard Data Transfer will automatically include all new H*T records AND any updates to existing H*T records for the hospital.)

By the 15th day of each month, each hospital shall provide the state program in DPHHS a signed faxed copy of any completed parent refusal form for each baby born in the previous month who did not receive newborn hearing screening or who did not have complete hearing screening because the parent refused the initial or follow-up screening. The refusal form used by the hospital or health care facility must contain at minimum the content of the “Parental Attestation of Refusal of Newborn Hearing Screening” form distributed by the state program (Appendix E). Any form used that is not the approved Refusal form found in Appendix E or a hospital form that includes ALL of the content of that approved form will result in a “Missed” screening result for the baby.

C. RESPONSIBILITIES OF LICENSED ATTENDANTS OF BIRTHS OUTSIDE OF HOSPITALS

Because licensed attendants of birth outside of hospitals are often the only professional person in contact with the family and newborn, their educational services to the family are of crucial importance. State law requires that these birth attendants provide education to the parents about the importance of obtaining newborn hearing screening before the baby is one month of age. This professional is also required to provide information to the family about where newborn hearing screening can be obtained in the area.

The state program provides support for these responsibilities by supplying a standard educational protocol (see Appendix C), educational materials designed for parents (see Appendix D), and current information about where screenings may be obtained. Educational materials can be ordered from the state program at no charge (see the order form in Appendix K).

The Administrative Rules of Montana require each licensed health care provider in attendance at any birth occurring outside of a hospital or health care facility to file a report with DPHHS that documents:

1. the newborn’s full name, date of birth, gender, mother’s maiden name and the location of the newborn’s birth;
2. that the educational protocol and educational materials developed by DPHHS on

newborn hearing screening were provided to the parents of the newborn (Appendix C and D);

3. that referral information was provided to the newborn's parents which identifies the hospitals, health care facilities and other health care providers in the area that are able to provide hearing screenings for newborns. The DPHHS has an agreement with the Office of Public Instruction's Hearing Conservation Program that the audiologists under contract to OPI for that program can provide newborn hearing screening for babies born outside of hospitals at no charge to the parents. This information is to be provided by the birth attendant to the parents. (See Appendix H)
4. the newborn's primary care provider, if other than the health care provider attending the birth, has been notified that newborn hearing screening information has been provided to the newborn's parents.

This report shall be faxed to the department by the 15th day of each month for the babies delivered in the previous month on a form available from the state program in DPHHS (Appendix F). If no babies were delivered in the month, a e-mail to the state program stating that will suffice.