Important Questions and Considerations for Hospitals Considering Outsourcing of Newborn Hearing Screening

A comprehensive newborn hearing screening program must:

- ✓ Ensure coordination, oversight, accountability, sustainability
- ✓ Employ policies, procedures, and protocols based on established 'best practices' for screening, tracking and follow-up (e.g. JCIH Guidelines, NICHQ)
- ✓ Apply established benchmarks for QI/QA
- ✓ Employ well-qualified and well trained screening staff with appropriate continuing education
- ✓ Have buy-in from nursery support staff, administrators, stakeholders
- ✓ Have good working relationships with providers, audiologists, other stakeholders
- ✓ Be closely linked and conducted in accordance with the state EHDI program
- ✓ Employ a designated program coordinator/manager to:
  - Monitor and update policies, procedures, and protocols
  - Implement competency-based training to all screening staff
  - Coordinate schedules to ensure full time coverage
  - Ensure accountability for all nursery admissions
  - Monitor equipment, supplies, and maintenance
  - Respond to equipment problems if/when they arise
  - Monitor quality indicators (refer rates, missed rate)
  - Generate and disseminate program reports
  - Serve as a liaison between the hospital and the state EHDI program
  - Monitor compliance with state guidelines and reporting

For initial hospital-based screening; key questions:

- What screening protocols will be used for well-baby and NICU screening?
- What is the proposed timing of screenings?
- How many inpatient screenings will be attempted?
- Are both ears required to pass during the same screening session?
- What are protocols for babies with unilateral HL or external ear anomalies?
- What screening technology / protocols are proposed?
  - Modality (S-OAE, S-ABR, both?)
  - Stimulus level, test parameters, pass/fail criteria
  - Compatibility with state tracking and data management program
- Special considerations for NICU and high risk infants
  - How would babies be determined eligible (medically stable) for screening?
  - Would chart reviews be conducted to determine risks for late onset HL?
  - Can you be confident of well-coordinated working relationships with NICU staff, neonatologists, and audiologists?
  - Would a pediatric audiologist provide oversight of the NICU screening program?

Documentation of screening results:

- Are there state and/or facility requirements regarding how, what, and where results are documented? (e.g. electronic medical/health record; discharge summary) and if so how will they be monitored?

Communicating screening results:

- Who will inform parents/caregivers and answer their questions?
- How will information be conveyed? (written, oral, both, state brochure?)
- How will the hospital ensure that information is delivered accurately and with cultural sensitivity?

For infants who require out-patient rescreening and follow-up:

- Will outpatient rescreens be provided and if so when/where?
- What specific procedures will be followed when a baby fails the *inpatient* screen and needs to be seen for rescreening (e.g. NICHQ recommendations: schedule rescreening appointment, phone numbers, reminder calls, fax to PCP, etc)
- What specific procedures will be followed when a baby fails the *outpatient* screen (e.g. immediate scheduling of dx audiology appointments)
- How will those infants be tracked?

Compliance with institutional guidelines

- How will training/compliance be handled for institutional requirements related to HIPAA, universal precautions, medical record access?
- How will equipment manufacturer's recommendations be implemented and monitored?
- What are the implications of outsourcing for liability and risk management

Other Important Considerations

Opting-In vs Opting-Out:

In most hospitals NBHS is a standard of care; this means all infants are screened prior to discharge unless the family declines.

- If NBHS is outsourced, families are asked by the contractor if they want their baby screened for hearing loss e.g. "bedside consent"
- How would the screening option be presented to families and how would refusals be managed?
- What is the risk to the hospital for babies not screened?
- Will declines increase because of concerns regarding additional charges; immigration status, etc?

Choice of hearing technology/instrumentation and protocols

- Many contractors have preferred equipment/protocols. Will you have choices for screening technology, equipment, and protocols? e.g. two-step OAE+ABR protocol

Tracking and Surveillance

Loss-to-follow-up and loss-to-documentation are major concerns throughout the nation. Also, some infants pass the screening but have risk factors for later-onset HL

- If NBHS is outsourced, what *specific* services related to tracking and surveillance will the contractor provide and how will they be provided?
- How will the hospital ensure that tracking and surveillance are optimal?

Billing and collection

- Families will receive a separate bill for NBHS. How much will the contractor charge and what happens if there's an unpaid balance?

Communication *within* the hospital if outsourcing is under consideration

If outsourcing is being considered it should be thoroughly reviewed and discussed with *all* institutional stakeholders?

- Audiologists
- Pediatricians
- Otolaryngologists
- Nurses
- Hospital Administrators
- Other medical providers e.g. those involved with metabolic screening