HEARING SCREENS

FACILITY	Does your hospital have a well-baby nursery, NICU or both?	What type equipment are you using for newborn hearing screening?	Does Audiology complete the hearing screens themselves? If not, who is doing the screening?	If Audiology is not completing screenings themselves, who oversees the screening program to ensure quality of care?
ORG A	We have both	We use the Natus Echo Screen and we screen well babies with OAE and all NICU babies with ABR. If they fail 2 OAE screenings, then they are screened with ABR before referral to Audiology.	Actual screening is completed by Techs.	I believe that it is locally overseen on the floor by nursing, but is globally overseen by the Chief of Audiology. The Techs attend the State learning modules to gain continuing education on the changes that take place in the program and keep up to date.
ORG B	ORG B has several NICUs, no well baby nursery	We use diagnostic ABR equipment	Audiologist complete screenings using combined ABR and OAE protocol and moving immediately into diagnostic testing if baby is a “fail”.	

ORG C	NICU only	Interacoustice Titan for OAE/AABR screening and vivosonic integrity for diagnostics. We do tymps if screening is abnormal	Audiology only	We have dedicated Audiologist who meets with one of our discharge planners 1x/week to staff all babies in the NICU(44-48 pts). Any infant who is term up to 44 wks that has not had a NBHS or those who need additional testing (ototoxic meds, going to the OR and needs additional testing that could not be obtained at bedside) are discussed. Orders are put in for the infants who need Audiology and the expectation is that they are completed that week (we usually finish in a day or 2 with one Audiologist who typically has a 4th year extern to assist). Babies who fail, get tymps and then a diagnostic ABR. This is the same protocol for CVCICU, although, their stay isn't as long and Audiology is ordered very close to d/c (still in"one month" of age.)

ORG D	NICU only	We use a two phase screening and do both an OAE and an AABR on every NICU baby. We have equipment from both Natus and Biologic	We have a tech (hired by our Audiology department) who does our screenings with oversight from an Audiologist. We also have graduate students who rotate through our clinic who help support the baby program (they do the screenings, help with documentation into our state EHDI program, etc.)	We have a doctorial level Audiologist who oversees the program.

ORG E	Both	Biologic Software	We have hired and trained "communication assistants" who just do newborn hearing screens and NICU screens. They cover our three hospitals in the area and our 45 bed NICU. Audiologists provide routine competency checks and supervision of the screenings. Communication Assistants are available 7/ days/week. They usually start around 3:00 am. and travel within the metro to see patients when it is the least chaotic in OB units. NICU can be done within "normal" hours. Our state has some quality metric indicators and our team has been at the Distinguished Level every quarter for the past 3 years at all sites.	Other Information: We had struggled with the growth of our OB units at the three hospitals. Three years ago we had two employees sharing a job and splitting the days of the week. One would average about 5 hours/day. In response to the increasing caseloads, we now have a full time Communication Assistant M-F and PRN team for the weekends.

ORG F	NICU, 52 bed, level 4.	Maico MB-11	Audiology support staff: hearing aid dispenser and Audiology assistant are our primary screeners, ‘Audiologist when needed.	N/A Other information: Our challenge is managing the data base. If is extraordinarily time consuming for us.

ORG F	NICU- currently 85 discharges/month	Biolobic ABAER, using OAe's and ABR- everyone gets an ABR because of the NICU population	Audiology Techs(5), we did have NICU PCTs and we were overseeing their training, but they had way too many people screening and refer rate was not in line with what we would expect in this population. Also, lost to f/u was WAY HIGHER than desired. We took this back several months ago- our process is that the nurse completes a risk factor form and puts it in the screening binder along with the name of the baby- we check the binder 2x/day and screen accordingly. We have weekend "on call" techs, but avoid this if possible. We also schedule the f/u appointments that are part of the d/c packet if the parent is agreeable to staying at our hospital for f/u.	We have just started a program where we oversee NHS in the well baby nurseries for other hospitals in our system. This includes onsite visits to establish best practice protocol, training, and checking off the competency of the screener. We visit monthly and track the data to look for accuracy and we help manage the lost to f/u and trouble shoot equipment.