

2023 UNHS Birthing Facility Profile

Birthing Facility: _____

Compliance Guide Completion Date: _____

Compliance Guide Meeting Participants:

Nursery Phone Number(s): _____

Nursery Fax Number: _____

NICU Phone Number(s): _____

NICU Fax Number: _____

Designated Contacts:

Quarterly/Annual Reports

Current:

Additions:

Deletions:

EHDI Coordinator:

Name(s): _____

Email: _____

Phone: _____

Metabolic Coordinator:

Name(s): _____

Email: _____

Phone: _____

CCHD Coordinator:

Name(s): _____

Email: _____

Phone: _____

Additional Notes:

Section A. Outsource Program Information

NBHS is conducted by an outsource company.

Yes

No – skip to **Section B.**

Outsource Company Name: _____

Outsource Company Contact: _____

Phone Number: _____

Contract Expiration Date: _____

Well Baby Nursery

1a. Does the company perform (select one):

Inpatient screen only

Inpatient screen and outpatient rescreen

1b. If company performs inpatient screening only, where do you send babies who don't pass the inpatient screening?

2. Who reports the results in Hearing Link? (select one)

Outsource company staff

Birthing Facility staff

3. Who schedules the outpatient rescreen appointments? (select one)

Outsource company staff

Birthing Facility staff

4. Does the birthing facility have a NICU?

Yes

No – skip to **Section B**

NICU

1a. Does the company perform (select one):

Inpatient screen only

Inpatient screen and outpatient rescreen

1b. If company performs inpatient screen only, where do you send babies who don't pass the inpatient screen?

2. Who reports the results in Hearing Link? (select one)

Outsource company staff

Birthing Facility staff

3. Who schedules the outpatient rescreen appointments? (select one)

Outsource company staff

Birthing Facility staff

Not applicable

4. Who schedules the outpatient diagnostic appointments? (select one)

Outsource company staff

Birthing Facility staff

Not applicable

Comments:

Section B. Inpatient Screen

Where do you document hearing screening, CCHD and metabolic screen results in addition to Hearing Link to verify (cross-check) the results?

Hearing Screening: _____

CCHD: _____

Metabolic Screening: _____

Section C. Outpatient Screen/Rescreen

1. Does this birthing facility complete:

a. Outpatient screen/rescreens for babies born at this facility?

Yes

No

If No, Please explain: _____

b. Initial screens for babies born (check all that apply)

At home

At another facility

Out of state

None of the above

c. Rescreens for babies born (check all that apply)

At home

At another facility

Out of state

None of the above

d. Outpatient screen/rescreen via (select one)

Scheduled appointment? Phone # to schedule: _____

Walk-in clinic any day/time?

Walk-in clinic only on certain days/times? Days/times: _____

2. What is the age limit for outpatient screens/rescreens?

3. Where are older children sent for screens/rescreens?

Comments:

Section D. Hearing Screening Equipment

How many pieces of hearing screening equipment does this birthing facility have?			
Type of Equipment Used	Well Baby	NICU	Outpatient Rescreen
AABR OAE AABR/OAE			
Unit 1: Make and Model: Calibration Date: Year Purchased:			
Unit 2: Make and Model: Calibration Date: Year Purchased:			
Unit 3: Make and Model: Calibration Date: Year Purchased:			
Unit 4: Make and Model: Calibration Date: Year Purchased:			
Unit 5: Make and Model: Calibration Date: Year Purchased:			
Unit 6: Make and Model: Calibration Date: Year Purchased:			

2023 UNHS Birthing Facility Compliance Guide Score Sheet

Birthing Facility: _____ Date of Visit: _____

***NOTE 1:** Standards (1- 5) should be in writing as part of the Birthing Facility Newborn Hearing Screening Policy or in written unit procedural guidelines/standard operating procedures. If another hospital policy covers the below standards such as infection control, hospital general consent and interpreter services, the policy should be referenced, and a copy should be obtained.

NOTE 2: Point reduction for item indicates specific changes are needed.

Standard 1*

Newborn Hearing Screening Policies & Procedures	Point Value	Hospital Score
Parental consent is addressed, including documentation of declines	1.0	
Screening personnel identified	.50	
Screening population identified	.50	
A defined time frame for initial screen and inpatient rescreen, if warranted	1.0	
A maximum of two inpatient hearing screenings	1.0	
Plan for distribution of inpatient and outpatient (if applicable) hearing screening results to: a. physician (.5) b. family (.5) c. Hearing Link (within 5 days) (.5)	1.5	
Infection control addressed	.50	
Total	6.0	

Standard 2*

Screening Equipment	Point Value	Hospital Score
If NICU, must have AABR	1.0	
Equipment must be calibrated annually	1.0	
Written back-up plan for equipment malfunction	1.0	
Total	3.0	

Standard 3*

Outpatient Rescreen Referral/Scheduling Process	Point Value	Hospital Score
Outpatient rescreen referral/scheduling process written (including rescreen of both ears)	2.0	
Referral pathway for outpatient rescreen defined. a) 1.0 for notification to PCP only regarding need to rescreen b) 2.0 for giving family contact information to schedule the appointment c) 3.0 for hospital scheduling this appointment	3.0	
Total	5.0	

Standard 4*

Parental Education	Point Value	Hospital Score
Results are provided to parents: a. Verbally only (.5) b. Written only (.5) c. Both verbal/written form (1.0)	1.0	
Written documentation includes information about typical speech and language development (i.e., EHDI brochure)	1.0	
Procedures are in place for sharing the results with non-English speaking patients (interpreters, language line, etc.)	1.0	
Total	3.0	

Standard 5*

Staff Training	Point Value	Hospital Score
Training for new staff is outlined and includes hearing screening policies and procedures, equipment uses and reporting requirements	1.0	
Documentation of new staff training is current and available for review	1.0	
Newborn hearing screening included in annual competencies	1.0	
Documentation of annual competencies is current and available for review	1.0	
Total	4.0	

Sections NOT in Written Policy

Standard 6

Site/Equipment Inspection	Point Value	Hospital Score
Designated test site with controlled noise level	.50	
Alternate test site defined (due to noise level, equipment interference, etc.)	.50	
Test equipment calibration is current (within last 12 months)	.50	
Equipment reference documents are easily accessible (step by step equipment procedures)	.50	
Total	2.0	

Standard 7

Communication and Reporting	Point Value	Hospital Score
EHDI program notified of program staff changes	1.0	
Hospital is responsive to requests to schedule EHDI visits (in-person or virtual)	1.0	
Discharge Date consistently reported via Hearing Link	1.0	
Follow-up appointment (rescreen or diagnostic) consistently entered in appointment tab via Hearing Link	1.0	
Total	4.0	

Standard 8

Data Submission (via Hearing Link)	Point Value	Hospital Score
Initial screening results reported via Hearing Link within 5 days in compliance with 15A NCAC 21F.1204 (90% or greater)	4.0	
Rescreen results reported via Hearing Link within 5 days in compliance with 15A NCAC 21F.1204 (90% or greater)	4.0	
Total	8.0	

Standard 9

Benchmarks and Quality Indicators	Point Value	Hospital Score
Initial Screen Completion Rate (95% or greater screened)	3.0	
Initial Screen Refer Rate (4% or less)	3.0	
Rescreen Completion Rate (80% or greater)	3.0	
Rescreen by 30 days (75% or greater)	3.0	
Total Screened by 30 Days, including initial screen pass (95% or greater)	3.0	
Total	15.0	

Comments:

2023 UNHS Birthing Facility Compliance Guide Score Sheet Summary

Standard		Point Value	Score
1	NHS Policies & Procedures	6.0	
2	Screening Equipment	3.0	
3	Outpatient Rescreen Referral/Scheduling Process	5.0	
4	Parental Education	3.0	
5	Staff Training	4.0	
6	Site/Equipment Inspection	2.0	
7	Communication and Reporting	4.0	
8	Data Submission (via Hearing Link)	8.0	
9	Benchmarks and Quality Indicators	15.0	
	TOTAL	50.0	

Birthing Facility Rating

Description	Point Range	Score
Greatly Exceeds Expectations	46-50	
Exceeds Expectations	40-45	
Meets Expectations	36-39	
Below Expectations	30-35	
Needs Significant Improvement	0-29	

Strengths:

Recommendations for Improvement:

