

Being #1 with Newborn Hearing Screening Data



Objectives

- **Become familiar with how hospital hearing screening performance is measured.**
- **Learn specific strategies implemented by other birthing facilities with excellent performance.**
- **Understand the implications of not reporting timely and accurate data.**
- **Be introduced to future data performance measures.**

Measuring Performance

Factors Considered when determining monthly winners:

PASS/REFER RATES

NOT REPORTED

NOT SCREENED

PARENT REFUSALS

RECENTLY RECOGNIZED

NUMBER OF BABIES

Not Reported

- **Who are these babies?**
 - Had a metabolic screening
 - Hearing section on specimen card blank
 - No faxed form received
- **What are we looking for?**
 - Low percentage



Not Screened

- **Who are these babies?**
 - **Parent/guardian refused**
 - **Missed**
- **What are we looking for?**
 - **0 missed and very few refused**



Number of Babies

- **Who are these babies?**
 - Specimen card was sent to lab in Jacksonville
 - Born in the month that data is considered
- **What are we looking for?**
 - Great data in other areas compared to other facilities your size



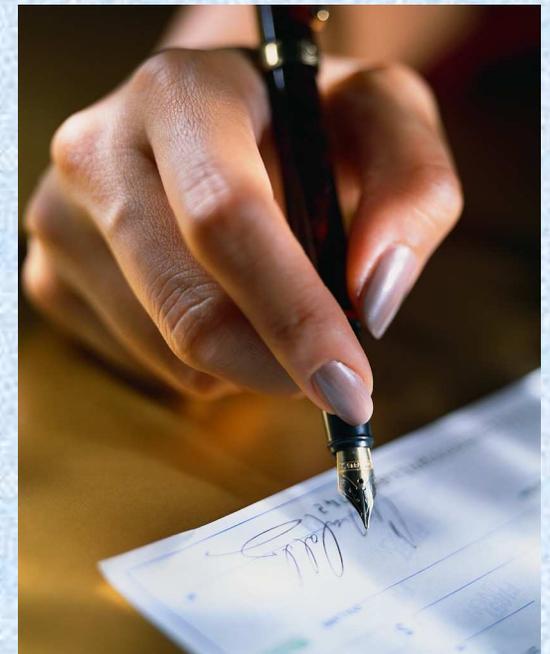
Pass/Refer Rate

- **Who are these babies?**
 - Babies who were screened who passed
 - Babies who were screened who referred
- **What are we looking for?**
 - No less than 98% pass
 - No more than 2% refer



Parent Refusals

- **Who are these babies?**
 - Babies who's specimen card had **“Parent/Guardian Refused”** in hearing section chosen
 - Required to have parent sign a form saying they refuse and keep in record
- **What are we looking for?**
 - A consistently low percentage



Recently Recognized

- Jackson Memorial Hospital
- Leesburg Regional Medical Center
- Sacred Heart-Emerald Coast
- Good Samaritan Medical Center
- Wellington Regional Medical Center
- St. Vincent's Medical Center
- Morton Plant Hospital
- Parrish Medical Center
- Osceola Regional Medical Center
- Florida Hospital – Altamonte
- Highlands Regional



Successful Strategies

✓ Results on card

Whitman 903™ LOT 0878910 LOT 0004211501 LOT 0004211501

STATE LAB USE ONLY

STATE LAB USE ONLY

IF NOT SUBMITTING BLOOD CHECK ONE REFUSED INFORMATION ONLY E-VITALS COMPLETED DECEASED ADOPTION

INSURANCE INFORMATION

Insured's Name (Last, First, Middle Initial)

Name of Insurance Co.

Insurance Group (ID#)

Insurance ID#

PRIVATE MEDICAID SELF-PAY

MEASURED SSN

Mother's Medicaid Number

HEARING SCREENING DARKEN CIRCLES THAT APPLY

RIGHT EAR PASS REFER OAE ASR

LEFT EAR PASS REFER OAE ASR

HEARING RISK STATUS: (DARKEN CIRCLES THAT APPLY)

FAMILY HISTORY PPHN ECMO BIRTH WEIGHT <1500 GRAMS

EXCHANGE TRANSFUSION FOR HYPERBILIRUBINEMIA

REASON HEARING WAS NOT SCREENED PRIOR TO DISCHARGE: (DARKEN ALL CIRCLES THAT APPLY)

PARENT/GUARDIAN REFUSED FACILITY TRANSFER NOT YET SCREENED (NICU)

MISSED BIRTH DEFECT BABY EXPIRED

PRESS FIRMLY. YOU ARE MAKING MULTIPLE COPIES. PLEASE FILL IN THIS CARD USING CAPITAL LETTERS ONLY. ILLEGIBLE HANDWRITING AND INCOMPLETE INFORMATION WILL RESULT IN DELAYS.

1) Do not touch sample area
2) Do not use if damaged

10/30/27/49 LOT 2013-09 LOT N1101 LOT 08789110 LOT IVD

INFORMANT'S INFORMATION

Infant's Last Name

Infant's First Name

Hospital of Birth

Infant's Medical Record Number

Date of Birth

Birth Time (Military Format)

GENDER

Birth Weight (grams)

Weight (grams) at Collection

MULTIPLE BIRTH ORDER

SPECIMEN INFORMATION

FIRST REPEAT NPO ORAL FEED TPN/HYPHERAL ANTIBIOTIC

WEEKS OF GESTATION

SELECT ALL THAT APPLY

WHITE BLACK AMERICAN INDIAN

HISPANIC ASIAN/PACIFIC ISLANDER OTHER

NICU

Collection Date (mm/dd/yyyy)

Time (Military Format)

Collected By (Init.)

Transferred Date (DOB) (mm/dd/yyyy)

Time (Military Format)

MOTHER'S INFORMATION

Mother's Last Name

Mother's First Name Middle Initial

Mother's Address (include Apartment #)

City

State

Zip Code

Mother's Social Security Number

Mother's or Contact's Telephone Number

Alternate Telephone Number

PHYSICIAN'S INFORMATION

Physician's Last-First Name

Physician's Telephone No.

SUBMITTER INFORMATION

Name of Collection Facility

Laboratory ID#

Address

City

State

Zip Code

STATE OF FLORIDA-DEPT. OF HEALTH-BUREAU OF LABORATORIES 1217 PEARL'S STREET JACKSONVILLE, FL 32202 (904) 791-1944, (904) 791-1947

ALL SPECIMENS COLLECTED ON INFANTS <24 HRS. OF AGE / <24 HRS. ON PROTEIN MUST BE REPEATED AND SENT TO THE STATE LABORATORY. ALL FIELDS MUST BE FILLED OUT COMPLETELY TO AVOID DELAY.

Newborn Screening Specimen Collection Card, DH 677, 09-10, Replaces ALL Previous Editions. Conforms to CLSI Standards.

Successful Strategies

✓ Faxed forms


Repeat Hearing Screen Form

NEWBORN'S INFORMATION: (Please Print)

Newborn's Last Name _____ Newborn's First Name _____
Birth Order (if multiple) _____ Date of Birth _____
Birth Hospital _____ Newborn's Hospital Medical Record # _____

MOTHER'S INFORMATION:

Mother's Last Name _____ Mother's First Name _____
Mother's Social Security Number (please provide entire number- not just the last 4 digits) _____

HEARING SCREEN RESULTS:

Date of Hearing Screen _____ MM-DD-YY

Right Ear	Left Ear	Comments
<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	_____
<input type="checkbox"/> Refer	<input type="checkbox"/> Refer	_____
Date of Method(s) used:		
<input type="checkbox"/> OAE	<input type="checkbox"/> OAE	_____
<input type="checkbox"/> ABR	<input type="checkbox"/> ABR	_____

Hearing risk factors - Check all that apply:
 Family History (blood relative w/ permanent hearing loss in early childhood, e.g. grandparent, parent, aunt, uncle, first cousin, siblings)
 PPHN
 ECMO
 Blood/Plasma/organal exchange/transition
 Low-birth weight (less than 1500 grams)
 NICU

Person Completing Form _____ Phone Number _____

Fax to Newborn Screening Unit (850) 245-4049

Newborn Screening Program
4052 Blvd. Cypress Way
Bldg#A-05
Tallahassee, FL 32399-1707

Office: (850) 389-3037
Fax: (850) 245-4049

HEALTH  2013 Hearing H23

Successful Strategies

✓ Plan for staff absences



Successful Strategies

- ✓ **Maintain
Equipment**



Successful Strategies

✓ Present the benefits
of hearing screening to parents



Successful Strategies

- ✓ **Tell parents about free screenings**



What happens when data is late or not accurate?



Facility won't shine like it could



Report Criteria:		Hearing Report						Date Printed: 6/13/2011
Determination		Date of Birth Range: Apr 1 2011 - Apr 30 2011		Diagnosis	Diagnosis Type			
Status		Center	Report Type	Summary				
Group By	Hospital	Report Format	Current Status					
			Not Reported	Pass	Passed with Risk Factor	Referred	Hearing Loss	Not Screened
A BIRTH CENTER								
Subtotal:	Patients:	1	0	1	0	0	0	0
A WOMANS WAY MIDWIFERY SERVICE								
Subtotal:	Patients:	1	0	0	0	0	0	1
BABYLOVE BIRTH CENTER								
Subtotal:	Patients:	4	3	0	0	0	0	1
BAPTIST HOSPITAL OF MIAMI								
Subtotal:	Patients:	383	0	363	3	1	0	16
BAPTIST HOSPITAL PENSACOLA								
Subtotal:	Patients:	86	1	79	0	5	0	1
BAPTIST MED CTR OF JAX								

What happens when data is late or not accurate?

State-level follow-up is not done appropriately



What happens when data is late or not accurate?



Primary Care
Physicians
are not
notified

Future Data Performance Measures

- Screened by 1 month of age
- Diagnosed by 3 months
- Services by 6 months
- Decrease Lost to follow-up rate



For Training or Technical Assistance:



Laura Olson
Hospital Hearing Educator

(407) 592-8415

Laura_Olson@doh.state.fl.us

www.cms-kids.org

www.doh.state.fl.us/cms/nbscreen.html

Questions

