Hospital Name

Regional Consultant

MSR Contact

MSR Phone       MSR Fax

MSR Email

Back up MSR Name       Email      Phone

Nursery Manager Name       Nursery Manager Phone/Email

Date of Visit

Type of Visit *Face-to-Face* *Telephone* *Email* *Video Conference*

Hospital Address

Hospital data for year

Total Births for hospital for the year above:

|  |  |  |
| --- | --- | --- |
|  | **EHDI Birthing Hospital Goals** |  |
| Referral Rate |  | 1.5% to 4% |
| Screening Rate |  | =/> 98% |
| Pass with Risk Factors |  | 10 per 500 births |
| Reporting on Time |  | 100% |

Suggestions discussed to improve hospital reporting statistics above:

# EHDI Information

Confirm MSR has EHDI Follow-up Coordinator contact information for MSR/EARS issues

Share goal of 1-3-6 and importance Share website: [*www.hearing.in.gov*](http://www.hearing.in.gov)

Do they have a hospital manual? Provide updated EHDI Audiologist list

# SCREENING EQUIPMENT

* Screening equipment (name/model no.):
* Confirm last calibration date (see equipment):
* If ISDH loaned devices, serial no. and ISDH barcode no.:
* Discuss back-up plan in case equipment breaks down:

# PERSONNEL UPDATE/REVIEW

 Notification of any changes in MSR reporter:

Remind hospitals to use EHDI brochures (order from website: *www.hearing.in.gov*)

Ensure MSR reporter is registered to use EARS (do not share log-in information)

Back-up MSR reporter is recommended. Contact EHDI Follow-up Coordinator to add back-up.

Remind hospitals to submit MSRs in timely manner, no later than 15th of following month.

Remind hospitals that delays in the MSR report delays necessary follow-up for babies.

Remind hospitals to alert EHDI Follow-up Coordinator with email/phone number change.

Discuss INSTEP data audit tool and conflicting heelstick results (tool looks for any missing data). If they do not have access to INSTEP, contact EHDI Follow-up Coordinator. MSR’s will receive emails for these data quality procedures.

# SCREENING PERSONNEL

Remind hospitals of NCHAM curriculum (*www.infanthearing.org*) for new screeners.

Who is performing hearing screenings:

What are the screening personnel training procedure:

Who is the supervisor who oversees the hearing screening personnel:

Any midwife facilities or centers in your area? If yes, how many:

**REMINDER FOR SCREENING & AUDIOLOGY FOLLOW-UP REFERRAL PROCESS:**

Screen only twice, then refer/schedule for a diagnostic evaluation.

Always rescreen both ears.

Review form used to document screening data for EARS entry (custom, heelstick).

Document in MSR the location of audiology facility for follow up (date of appt if known)

DO NOT ENTER “PHYSICIAN” OR “AUDIOLOGIST”

Include in MSR comments section any information that will help ISDH when calling for families:

* Primary language of the home (if not English)
* Poor medical prognosis, name change, or adoption/foster care

Enter data within 5 days of screening for children (not in NICU) who do not pass or PWRF.

Enter data within 5 days of discharge for babies without a screening

Remind hospitals about risk factors. Inquire about procedures to collect risk factor information and to get risk factors information to the MSR reporter (share the handout, if necessary).

Please make sure hospital is documenting if baby has down syndrome, microtia/atresia, cleft lip or palate (provide definitions)

They should mark if a baby is being adopted or is in foster care and write foster family name, address and phone in comment section

Remind hospitals to use pink slip on heelstick card if original card has already been sent in– only results of the final screening should be recorded on the heelstick card.

Review form used to give to parents. Make sure referral location phone address are listed

Identify where diagnostic referrals are being made:

Does the facility make diagnostic audiology appts for the families prior to discharge? Choose an item.

Does the facility help families identify location for follow up testing? Choose an item.

Does the facility fax baby’s information to audiology facility chosen by family? Choose an item.

Does the facility allow PCP to make referral for follow up testing? Choose an item.

Identify issues or problems with the referral process:

**OUTPATIENT RESCREENS**

Does this facility provide outpatient rescreens? Choose an item.

If yes, how are they providing results of outpatient rescreen to EHDI?

Ensure the initial inpatient screen results are being entered on MSR and outpatient screen results are being reported separately.

Share Outpatient Rescreen Policy and reporting form.

**NICU SCREENINGS**

Enter results for NICU babies as close to discharge as possible.

Where are NICU babies referred?

***Coding for NICU Transfers*:** If the baby is transferred to another facility, enter Code 2 on MSR for the month the baby is born. For the next month, please change code on the holdovers page to 4 (NICU). After a few months, please call the hospital where the baby was transferred to find out screening results and enter them on the holdovers page.

If baby has been on holdovers page for more than three months, contact EHDI for assistance.

**Training Needs**

Any areas where hospital personnel or MSR need additional training/resources?

# Additional Comments/Concerns

Please visit InTrain for more training videos regarding health issues in Indiana. <https://www.train.org/indiana/welcome>