STANDA	ARD 1 AND PROCEDURES	YES	No
1	Have policies and procedures been written?		
2	Has the population to receive a hearing screening been identified in the policy and procedures?		
3	Has parental consent been addressed and described? If parent refuses hearing screening, what is the procedure to document this?		
4	Do the policies and procedures describe initial screen and if warranted a re-screen? Do the policies and procedures state that <i>each patient</i> should receive no more than two in-patient hearing screens? Both ears should be screened each time.		
5	Is the current format for documenting and reporting results of screening and re-screening results in KY CHILD described in the policy and procedures?		
6	Do the policy and procedures include a description of the mandated reporting timelines (per KRS 216.2970) to EHDI-OCSHCN?		
7	Do policies and procedures state dissemination of hearing screen results indicating a risk or no risk to: the parents and infant's physicians?		
8	Has the referral process for follow-up been described? Who is responsible for making follow-up appointments and documenting outpatient appointments for hearing screens or audiological appointments?		
Standard 2 Hearing Screening Protocols		YES	No
1	Have hearing screening protocols been written and implemented by staff?		
2	Has screening staff been identified in the protocols? Has staff had appropriate training and met annual competencies for screening? Is a copy readily available for review by EHDI Audiologist Coordinator?		
3	Have appropriate time frames for screening been stated in protocols? (Newborns must be no less than 6 hours of age for AABR and no less than 12 hours of age for OAE)		
4	Are the screening protocols relating to the hospitals current screening equipment described or outlined in protocols?		
5	Have infection control procedures been included in protocols? Has reference been made to infection control procedures that are universal to the nursery or to the hospital?		
6	Do screeners have easy access to written protocols (i.e. notebook in nursery, posted in nursery; online access)		

Does each nursery area have dedicated hearing screen equipment? Does the nursery have automated auditory brainstem response (AABR) and/or otoacoustic emissions (OAE) equipment? Does the nursery use a 2-stage inpatient hearing screen protocol (rescreen if initially referred) using the same or two types of equipment? Are hearing screening equipment manuals on the equipment cart or nearby in the same room? Is equipment calibration within a month of calibration due date? Are maintenance records kept up to date? Is there a written back-up plan when equipment failure occurs? Does this include how to troubleshoot for basic equipment problems and who to contact regarding equipment problems? Is there a written plan to follow when babies are not screened prior to discharge due to equipment failure? STANDARD 4 TEST AREA Is there a single site designated for hearing screening? Is there an alternate site designated for hearing screening when the primary site is not available? Is there as a written plan in place to monitor the hospital KY CHILD application for accuracy of completion, screening results and marked risk indicators, prior to saving and finalizing? Are Hearing Screen Report forms submitted to EHDI within the time frames mandated by law? Are "referral" reports submitted via KY CHILD within 24 hours of discharge? Are passes without risk indicators submitted within 7 days of discharge? (in house hospital monitoring) Is the number of open records in KY CHILD less than 3% of total discharges at the time of annual data submission to EHDI? (in house monitoring) Is the referral plan being documented via scheduled appointments with audiologists or out patient re-screens? (Monitored via EHDI-KY CHILD queries) Is field 13 (infant's physician) being completed and submitted in KY CHILD? (EHDI monitored)	STANDA EQUIPM		YES	No
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STANDARD 6			No
HOSPIT	If screening equipment can generate data logs, is this utilized to back- up screening data, to calculate number of screens, number of babies tested, referred, and passed? If manufacturer data book is not available		
	with equipment, are manual logs designed and maintained to keep accurate records for EHDI-OCSHCN?		
2	Are total number of infants screened and number of infants referred kept up to date for monitoring by hospital staff coordinator and available by EHDI Audiologist Coordinator?		
3	Is there a referral pathway? Is it stated in the Hearing Screen protocols? Does the referral pathway involve the scheduling with a provider that tests with appropriate technology based on hospital equipment and is the follow up appointment is scheduled prior to D/C?		
4	Is the referral plan being documented in KY CHILD via scheduled appointments with audiologists or out patient re-screens? (in house monitoring)		
STANDARD 7 SPECIFIC DATA MONITORING		YES	No
1	Are the EHDI-OCSHCN annual (periodic) data reports returned in a timely manner?		
2	Was all the information on the annual data report complete and correct?		
3	Do 95% or more newborns receive a hearing screening prior to D/C?		
4	Is the refer rate (number of infant refers \div number of infants screened X 100) \leq 4%?		
5	Is the information on the annual data worksheet maintained on a monthly basis for internal tracking and monitoring by the hospital UNHS Coordinator?		
6	Is the hospital tracking information consistent with the EHDI-OCSHCN tracking information (inter-report reliability)?		
STANDARD 8 CONTACT & CONSULTATION		YES	No
1	Is a community or hospital audiologist involved with the hospital hearing screening program?		
2	Is the Audiologist Coordinator consulted about technical assistance, program planning or program support?		
3	Is the EHDI-OCSHCN Program notified of any change in the Hearing Screening contact person within 30 days?		
4	Is the hospital compliant with scheduling and participating in EHDI site visits?		

STANDARD 9 PARENTAL CONSENT AND INFORMATION		YES	No
1	Is the plan for prenatal teaching written in the Policy and Procedures? Does it describe materials and methods of providing information?		
2	Is the plan for inpatient teaching written in the Policy and Procedures? Does it describe materials and methods of providing information?		
3	Is the plan for discharge teaching written in the Policy and Procedures? Does it describe materials and methods for providing information?		
4	Does the parent receive a copy of the Hearing Screening Report Form with an explanation of the results and a verbal explanation including risk indicators identified? If the infant referred, was a follow-up appointment scheduled prior to discharge and given to family with the results?		
5	Is information about hearing screening and the results provided in both a verbal and written format?		
6	Is there a written plan for presenting information to non-English speaking patients? Is there a hospital policy for addressing the needs of non-English speaking patients?		
STANDARD 10 ANNUAL STAFF TRAINING		YES	No
1	Are requirements for annual staff training for hearing screening included in the policy and procedures?		
2	Is annual equipment review provided by "certified" staff/equipment representatives and/or video training?		
3	Are skills learned in training included in annual competencies and passed by 100% of screening staff?		
4	Is at least one educational offering related to newborn hearing screening, in addition to annual competencies, obtained by at least 95% of the screening staff?		
5	Is record keeping accurate and available for review for each member of the newborn hearing screening team? (list of screening staff, current record of related training received, current skills competency evaluation)		