

Quality Indicators for Hospital Screening Programs

Improved efficiency saves time and resources, equals lower program costs, and leads to better outcomes for babies and families. Excessive false positives lead to negative consequences for the hospital, the family and the medical and audiological community.



Monitor the Following Quality Indicators:

- Percentage of all newborn infants who are screened prior to discharge (recommended benchmark is 95%).
- Percentage of all newborn infants who fail initial screening and fail any subsequent rescreening leading to referral for comprehensive audiological evaluation. (recommended benchmark is between 1% and 4% and should not exceed 10%).
- Refusal rates (recommend .5 – 1%, and not to exceed 3%).
- Missed baby rate (recommend less than .3%).



Strategies for Maintaining Appropriate Referral Rates:

- Establish and monitor performance based standards for each screener.
- Screeners receive training/retraining based on their performance standards.
- Provide out-patient rescreens. It is best to schedule the rescreening before the family leaves the hospital. Call the parents the day before the rescreen to remind them of the appointment. Inform families that follow-up is critical.
- Provide families with appropriate verbal and written information of test results and what to do next.
- Consider a “safety net” to reduce missed babies such as stickers on the isolette or chart, or notes on the discharge summary.
- Know when to cut your losses. Screening should not be time consuming. If screening cannot be completed in 20 minutes, stop testing and try again at a later time when the child’s state or screening environment is improved. Have the mom or nursery staff call you when baby is fed and asleep.