

**National Screening Unit and District Health Boards’ Progress on Implementing the 21 Recommendations**

**April 2014**

**Purpose**

Following a screening incident in 2012 whereby some screeners did not screen babies according to the screening protocol, the National Screening Unit (NSU) led a review of screening in the Universal Newborn Hearing Screening and Early Intervention Programme (UNHSEIP). The report *Quality Improvement Review of a screening event in the Universal Newborn Hearing Screening and Early Intervention Programme, December 2012* was released publicly in February 2013 and outlines 21 recommendations which the Ministry is working with DHBs and expert advisors to implement.

This report provides an update on the progress on implementing each of the 21 recommendations.

**Summary**

Responsibility for progressing implementation of these recommendations is shared between the National Screening Unit (NSU) of the Ministry of Health and district health boards (DHBs).

As at March 2014:

* 12 recommendations have been completed
* five are substantially completed and will be completed by December 2014
* one recommendation is underway and will be completed by July 2015
* two have been superseded by the review of the screening regime and will be implemented as part of this process
* one recommendation is ongoing until the UNHSEIP Advisory Group agrees all recommendations have been completed to a satisfactory standard.

The activities generated by the recommendations are in many cases on-going and are now business as usual within standard NSU and DHB operations. These activities are monitored through routine audits, annual service delivery planning, human resource processes within DHBs and screener performance monitoring.

**Recommendations**

***1. The NSU must reassess the screening protocol with a view to changing to an AABR only protocol***

The UNHSEIP currently uses two screening approaches, automated otoacoustic emissions testing followed by automated auditory brainstem response (AABR) testing, while many countries have a screening regime that uses AABR testing only. In AABR testing sensors placed on the baby's head measure how the hearing nerve responds to sounds and the entire hearing pathway is assessed.

An independent *Review of Newborn Hearing Screening Regimes and Associated Devices* commenced in September 2013 and was completed in March 2014. The review was undertaken by a team from Queensland with expertise in newborn hearing screening, audiology and health service management. The objective of the review was *to examine best practice in newborn hearing screening regimes including associated equipment options, to assist the NSU to determine the most appropriate screening regime for the Universal Newborn Hearing Screening and Early Intervention Programme (UNHSEIP).* The review included: interviews with a range of key programme staff around the country; a literature review addressing clinical and practical benefits and risks of different hearing screening regimes; a review of eight overseas newborn hearing screening programmes; a review of UNHSEIP documentation; and a review of screening devices. Consideration was also given to operational factors impacting on cost and quality of newborn hearing screening regimes. A steering group that included audiologist, ENT, screener and academic representation reviewed drafts and advised on progress. Communications and next steps are being planned.

*Recommendation is completed*.

***2. The NSU must operationalise the data monitoring requirements in the updated UNHSEIP NPQS within the next three months and monitor their effectiveness***.

The revised UNHSEIP National Policy and Quality Standards (NPQS) containing updated data monitoring requirements were disseminated to DHBs in July 2013. To assist DHBs meet these requirements, the NSU has provided DHB UNHSEIP coordinators with comprehensive protocols for monitoring individual screener data. These cover data storage, routine monitoring of screening as well as checks of accuracy of record keeping. Monitoring of individual screener data must include on-going monthly calculations of screening refer rates from first to second stage screening. Reports are provided by DHBs to the NSU quarterly. Screens are also randomly selected for in-depth analysis. Where checks indicate measures outside of the expected ranges in the NSU protocols, further detailed data analysis or investigation is required.

*Recommendation is completed and is now business as usual.*

***3. The NSU must continue to provide resources and regular training to ensure programme coordinators are skilled in the monitoring of screening data downloads.***

The NSU has developed a detailed protocol to guide coordinators in monitoring of screeners (refer Rec. 2). Contracts have been set up with six screener advisors (senior screeners/coordinators) to assist other DHB coordinators develop the skills required to be proficient in data monitoring and other coordination activities. To date screener advisor visits to eight DHBs have been undertaken with evaluations being very positive. Training is expected to be on-going. A survey of coordinators in early April will help to determine their confidence in monitoring of screener data.

*This recommendation will be completed by December 2014 and will then be business as usual.*

***4. DHBs must make screeners aware they are being monitored through openness about the routine monitoring processes.***

Discussions with DHB UNHSEIP coordinators and screeners indicate that screeners have a high level of awareness that they are being monitored. Awareness of data monitoring is reinforced through a range of means including:

• information in the revised Screener Manual

• an introductory resource developed for screeners

• the Annual Competency Exercise for screeners, of which a major component is individual data review.

*Recommendation is completed and is now business as usual.*

***5. The NSU should lead an assessment of residual risk to the programme from screener performance.***

An assessment of residual risk has been undertaken and findings have been included in the UNHSEIP Service Coordination Manual.

*Recommendation is completed.*

***6. The NSU should lead development of a guide for recruitment of newborn hearing screeners.***

A guide to recruitment of newborn hearing screeners has been completed and disseminated to DHBs. DHB coordinators and service managers contributed to the development of this resource.

*Recommendation is completed.*

***7. DHBs should be proactive in providing training opportunities for screeners and reducing stress that may impact on screeners’ ability to do their work.***

A number of mechanisms have increased the focus on training opportunities and reduction of stress for screeners. All DHBs have now prepared service delivery plans, a review of which indicates they are taking steps to actively manage screener workload and undertaking a range of initiatives to support screeners. Guidance on maintaining an engaged screening team has been included in the UNHSEIP Service Coordination Manual, including suggestions on motivating and supporting screeners and reducing stress in their role. Continuing education of screeners, for example DHB based communication courses, is strongly recommended in the revised NPQS. Work has been done by the NSU and DHBs to increase awareness, respect and support for the screener’s role among other relevant teams, for example audiology, maternity and quality teams. There is increased awareness of the need to maintain these changes. Regional workshops for screeners are underway.

*This recommendation will be completed by December 2014 and will then be business as usual.*

***8. DHBs should consider the remuneration framework for screeners in relation to comparable roles and level of responsibility and skill, looking at opportunities for consistency in screener pay scales nationally as well as options for a career path for screeners who are keen to further develop their skills.***

A DHB-initiated survey of use of the Multi-Employer Collective Agreement (MECA) for screeners has been undertaken. There have reportedly been gains in standardisation in use of the MECA. Initial steps have been taken to establish a professional body for screeners.

The NZQA Targeted Review of Qualifications due to be completed in December 2014 is expected to improve career diversification for newborn hearing screeners.

*This recommendation will be completed by December 2014 and will then be business as usual.*

***9. The NSU must implement the Newborn Hearing Screener Competency Framework for all screeners within the next six months.***

The Annual Competency Exercise for all newborn hearing screeners was implemented in DHBs in January 2014. This includes online quizzes, an observational assessment and tools for monitoring of individual screener data/record keeping.

*Recommendation is completed.*

***10. The NSU must review the material covered in screener training and continuing professional development with a view to including more about the ethics and theory of screening.***

Material on screener ethics, including the Standard of Integrity and Conduct for State Services, and screening theory have been included in the new UNHSEIP Service Coordination Manual and the Screener Manual.

The NSU hosted the 7th Australasian Newborn Hearing Screening Conference in Auckland during May 2013. The theme of the conference was ‘Nurture, Grow, Enrich’, and over 240 delegates from New Zealand, Australia, South Africa, India, the Netherlands and the United Kingdom attended. Topics covered in the concurrent sessions included:

* cultural issues in screening
* parental experiences at point of identification
* cross collaboration and multidisciplinary team approaches to newborn screening,
* maintaining motivation and quality in established screening programmes and
* effective evidence-based ways of delivering early intervention programmes.

Over 70 screeners out of a total of approximately 100 attended the newborn hearing screener ‘Enhancing Communication’ workshop. This included role play scenarios on screening under pressure, giving results to families and working with other health professionals. Screeners also had the opportunity to hear the views of a parent who has a child with a hearing impairment.

*Recommendation is completed and is now business as usual.*

***11. The NSU should reconsider operational policies for daily checking of screening equipment and provision of results of the screen to parents***

The policy for daily checking is particularly relevant to the current screening regime. A decision was made to retain the status quo for both daily listening checking and provision of results to parents, pending consideration of recommendations arising from the review of the screening regime (Rec. 1).

*Recommendation will be implemented alongside consideration of recommendations arising from the review of the screening regime.*

***12. The NSU must lead the updating of the screener scripts to be more concise, clear and in plain English, and/or investigate other modes of delivering information about the programme to families.***

The review of screener scripts is on hold until the outcome of *Recommendation 1* has been determined.

The NSU has recently provided all newly registered midwives with resource packs which include consumer information about the UNHSEIP. This will help to ensure parents are given accurate information about the UNHSEIP in the antenatal period.

*Recommendation will be implemented alongside consideration of recommendations arising from the review of the screening regime.*

***13. The NSU and DHBs need to ensure that coordination of the UNHSEIP is adequately resourced.***

All DHB service managers, funding & planning managers, and coordinators have been provided with expectations of coordination activities for the UNHSEIP. This has prompted DHBs to review coordination activities and whether they can be shared across people and services. A survey of coordinators planned for April 2014 will help to determine ways in which coordination of the programme in DHBs can be further developed and supported.

*This recommendation will be completed by December 2014 and will then be business as usual.*

***14. New UNHSEIP coordinators must be provided with a coordinator manual and be required to do components of the screener training. The NSU should facilitate regular practical training for coordinators and regular opportunities for coordinators to communicate.***

A UNHSEIP Service Coordination Manual has been developed and disseminated to DHBs. The manual covers each of the main areas required for programme coordination in DHBs: strategic leadership, recruiting and managing screeners, process and equipment management, quality and monitoring, and reporting. The revised NPQS includes a strong recommendation that coordinators undertake hands-on training in screening, and complete the UNHSEIP Screener Manual and e-learning modules. Communication with coordinators has been enhanced through regular monthly NSU-led teleconferences to discuss operational matters.

The 7th Australasian Newborn Hearing Screening Conference, held in Auckland in May 2013, brought together a wide range of people and perspectives involved in newborn hearing screening and early intervention. This included screeners, coordinators, audiologists, early intervention workers, researchers and parents. On-going training of coordinators is planned to ensure they have a clear understanding of programme requirements and the skills to undertake the work.

*Recommendation is completed and is now business as usual.*

***15. The NSU and DHBs must review processes for information dissemination to ensure coordinators are aware of all developments in the programme.***

Monthly NSU and coordinator teleconferences are well-attended and have improved the flow of information between the Ministry of Health and DHBs. On-going communication processes will continue to be refined and will be informed by a survey of coordinators in April 2014.

*Recommendation is completed and is now business as usual.*

***16. DHBs should promote the engagement of audiologists with the UNHSEIP and a supportive working relationship with screeners.***

The revised NPQS and the UNHSEIP Service Coordination Manual emphasise the role of audiology departments in supporting the screening service. A review of DHB UNHSEIP Service Delivery Plans demonstrates an effective interface and supportive working relationship between audiologists and newborn hearing screening staff. A survey of audiologists in April 2014 will measure their engagement with the UNHSEIP and help inform further initiatives to involve audiologists in supporting the screening programme.

*This recommendation will be completed by December 2014 and then will be business as usual.*

***17. DHBs must have clearly defined lines of management and accountability for UNHSEIP services, as per the UNHSEIP National Policy and Quality Standards.***

A review of Service Delivery Plans indicates that DHBs have clearly defined lines of governance, management and accountability for UNHSEIP.

*Recommendation is completed and is now business as usual.*

***18. DHBs need to support the programme by facilitating strong links with relevant teams within the DHB, for example quality and maternity.***

A review of Service Delivery Plans indicates DHBs have mechanisms for fostering linkages between relevant teams (e.g. maternity, audiology, Māori health services and quality teams). These plans are regularly updated and are reviewed on audits of DHB UNHSEIP services.

*Recommendation is completed and is now business as usual.*

***19. DHBs must establish a clear multi-disciplinary clinical governance framework for the UNHSEIP within the DHB.***

A review of Service Delivery Plans indicates that there are multi-disciplinary clinical governance frameworks for UNHSEIP and regular meetings across all DHBs. Clinical support is also assessed at DHB audit.

*Recommendation is completed and is now business as usual.*

***20. A national centralised database that is accessible to DHBs would facilitate streamlined and accurate quality monitoring and should be fast-tracked.***

The NSU is working with the wider Ministry of Health and the sector to inform the newborn hearing screening requirements within the national Maternity Clinical Information System which is currently under development. The initial focus is on newborn hearing screening data requirements to be implemented later in 2014 and then implementation of audiology data requirements.

*Recommendation has commenced and will be completed by July 2015*.

***21. The NSU must develop an implementation plan in consultation with the UNHSEIP Advisory Group, who should monitor and review implementation of the recommendations.***

Progress on implementing the 21 recommendations is provided to the UNHSEIP Advisory Group. They are requested to make specific, recommendations to the NSU on any activities, prioritisation, or other matters arising from the update. Updates are also being provided monthly to DHB coordinators and service managers. Monthly meetings are held to inform the NSU Clinical Director and progress reports are provided to Ministers.

*Recommendation is substantially completed, however this is ongoing until the UNHSEIP Advisory Group agrees all recommendations have been completed to a satisfactory standard.*