

## Completing Ministry Screening Documentation

### All Fields are Mandatory unless otherwise instructed

*Pre-screen Documentation, performed prior to client interaction when possible:*

1. **Client Information: Infant's DOB, health card number, sex. Parent/guardian information: name, address, phone. Screening Information: birth location, screening location**
  - 1.1. Obtain through sources provided. If the client stamp or sticker is available, it can be used and only cover fields represented on the sticker. Prefill forms before visiting families if possible.
  - 1.2. If the child is in foster care, please clearly indicate and put worker information under *Legal Guardian*.
  - 1.3. If available, document the primary care provider's date of birth.
  - 1.4. Use Hospital/Clinic abbreviation (from list) for hospital birth locations and screening locations.

*Pre-screen Documentation, performed with client:*

2. **Verbal Consent:** This must be completed prior to the screen. A screen cannot be done and the Infant Hearing Program (IHP) cannot follow up if consent is not documented.
  - 2.1. *Consent/Declined Provided by box and written name must be completed* even though it is repeated under Primary Contact.
  - 2.2. *Check only one box for Consent to screen.*
  - 2.3. Check data share consent or write 'no' if no consent for data share.
3. **Client Information:**
  - 3.1. In the case when the name has not been decided, leave blank.
  - 3.2. If the health card number is not yet available or applicable (out-of-country), leave blank.
4. **Service Delivery Language:**
  - 4.1. Indicate the language. Write the name of any other language other than English or French. Particularly for ASL as government funded services is required by law to provide ASL interpreting for individuals who are Deaf.
5. **Baby's Risk Factors:** Indicate with check marks
  - 5.1. Indicate whether the baby is at high risk for hearing loss.

*Post Screen Documentation*

6. **Results:** Indicate with check marks
  - 6.1. Indicate the results with check marks in the column of the type of screen performed.
  - 6.2. Documentation procedures require Screeners to both print and sign their name on the form and indicate the time of the interaction.
  - 6.3. For student on practicum, both the student and the Preceptor need to print and sign their names.
  - 6.4. Unit Serial No. is the serial number found at the back of the device and setting tab.
  - 6.5. Infant Log No. is the Log number of the screen conducted. The serial number and log number together create a unique ID for this baby.
  - 6.6. Any attempt must be documented with the Screener name, Accuscreen Serial number, date, time and log number. If two screeners screen the same baby, each screener must neatly write their name, results and the next steps.

6.7. In the case of Twins; please record the results and status of Twin A on Twin B's form as well as Twin B's results and status on Twin A's form.

7. **Next Step:** Indicate with check marks

- 7.1. **Discharge (hearing screen only)** - Babies that received a pass result without risk indicators.
- 7.2. **Await expanded hearing screen results** - used for phase 2 NSO launch.
- 7.3. **Book for Community Screening** - babies with "No result", "Did not test" or "Refer" without risks who were not eligible to be scheduled through e-booking (live outside of Toronto).
- 7.4. **Attend booked Community Screening** - babies with "No result", "Did not test" or "Refer" without risk who had an appointment scheduled through e-booking. *Document the date, location, time and confirmation number in the notes section.*
- 7.5. **Audiology high risk surveillance** - Babies with risk factors that received a Pass result (AABR). Offer all Audiology locations and ask which is preferred. *Document the location in the notes section.*
- 7.6. **Audiology Assessment** – Babies with risk factors that received a Refer result (AABR), or babies without risk factors that received a Refer result (AABR) at a community clinic. Offer all Audiology locations and ask which is preferred. If scheduled with e-booking, *document the date, location, time and confirmation number in the notes section or indicate the location stating there were no appointments through e-booking.*

8. **End of Contact:**

- 9.1 All documentation must be complete prior to ending the interaction.
- 9.2 Show and review any physical copy of results with the family. Parents must visually verify any physical documentation is complete and accurate.

| Hospital Abbreviations                 | Clinic Abbreviations                |
|--|-------------------------------------|
| Humber River Hospital = HRH            | Black Creek = Black Creek           |
| Mt Sinai = MSH                         | CICS = CICS                         |
| Michael Garron (Toronto East) = MGH    | Davenport = Dav                     |
| North York Gen = NYGH                  | Don Valley East OEYC = DVE          |
| St. Mike's = SMH                       | Etobicoke Civic Centre = ECC        |
| Sunnybrook = SB                        | Flemingdon = Flem                   |
| Rouge Valley = RVHS                    | North York General Clinic = NYC     |
| William Osler (Etobicoke General) = WO | Parkdale = Park                     |
| TSH – General Site = TSH-G             | Rexdale = Rex                       |
| TSH – Birchmount = TSH-B               | Rouge Valley Clinic = RVC           |
|  | Scarborough Hospital clinic = TSH-C |
|  | Toronto Birth Centre = TBC          |

For other IHP locations, refer to the link below:

<http://www.children.gov.on.ca/htdocs/English/earlychildhood/hearing/w here.aspx>