Public Health England

NHS

NHS Newborn Hearing Screening Programme

Standards 2016 to 2017

Public Health England leads the NHS Screening Programmes

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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About PHE Screening

Screening identifies apparently healthy people who may be at increased risk of a disease or condition, enabling earlier treatment or better informed decisions. National population screening programmes are implemented in the NHS on the advice of the UK National Screening Committee (UK NSC), which makes independent, evidence-based recommendations to ministers in the four UK countries. The Screening Quality Assurance Service ensures programmes are safe and effective by checking that national standards are met. PHE leads the NHS Screening Programmes and hosts the UK NSC secretariat.

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Published March 2016
PHE publications gateway number: 2015752

Contents

1. Introduction

This document presents the revised national standards for the Newborn Hearing Screening Programme (NHSP). These revised standards replace the following document and unless stated specifically has an implementation date of April 2016:

Quality Standards in the NHS Newborn Hearing Screening Programme-revised July 2010

NHSP aims to support health professionals and commissioners in providing a high quality newborn hearing screening programme. This involves the development and regular review of quality standards against which data is collected and reported annually. The standards provide a defined set of measures that providers have to meet to ensure local programmes are safe and effective.

Quality assurance (QA) is the process of checking that these standards are met and encouraging continuous improvement. QA covers the entire screening pathway; from identifying who is eligible to be invited to screening, through to referral and intervention where required/appropriate. The NHSP screening pathway begins with the identification of eligible babies and includes the relevant screening tests and ends with acknowledgement of the referral by treatment or diagnostic services (for babies with screen-positive results).

2. The NHS Newborn Hearing Screening Programme (NHSP)

The UK National Screening Committee (UK NSC) has responsibility for setting screening policy. It recommends that all eligible newborn babies in England are offered screening to identify those with bilateral moderate or worse permanent childhood hearing impairment (PCHI). Moderate or worse is defined as an average hearing threshold (over the frequencies 0.5, 1.0, 2.0 and 4.0 kHz) of 40 dB or more in the better hearing ear.

NHSP has responsibility for implementing this policy. The service specification (No. 20) for the NHS providers is available as part of the public health functions exercised by NHS England https://www.england.nhs.uk/commissioning/pub-hlth-res/

NHSP aims to ensure that there is equal access to uniform and quality assured screening across England and that families are provided with high quality information so they can make an informed choice about newborn hearing screening.

3. Format of the standards

The format of screening standards has been revised. Development of this format has been an iterative process, based on work with providers, users, English screening programmes and quality assurance teams. The changes were made to ensure stakeholders have access to:

- reliable and timely information about the quality of the screening programme
- data at local, regional and national level
- quality measures across the screening pathway without gaps or duplications
- a consistent approach across screening programmes
- any burden of data collection is proportionate to the benefits gained

4. Scope and terminology - process standards

The scope is standards that assess the screening process and allow for continuous improvement. This enables providers and commissioners to identify where improvements are needed.

To clarify what is measured each process standard has three parts:

- Objective: the aim of the standard
- Criteria: what is being assessed
- Measure: two thresholds (acceptable and achievable) are specified. These thresholds, definitions and reporting levels are approved by the UK NSC Data Analysts Quality Assurance (DAQA) group.

    - The **acceptable** threshold is the lowest level of performance which programmes are expected to attain to ensure patient safety and programme effectiveness. All programmes are expected to exceed the acceptable threshold and to agree service improvement plans that develop performance towards an achievable level. Programmes not meeting the acceptable threshold are expected to implement recovery plans to ensure rapid and sustained improvement.

    - The **achievable** threshold represents the level at which the programme is likely to be running optimally; screening programmes should aspire towards attaining and maintaining performance at this level.

Example

Using a standard that assesses coverage for the Newborn and Infant Physical Examination:

- Objective: to maximise timely coverage in those who want the screen
- Criteria: the proportion screened by 72 hours
- Measure: the acceptable and achievable levels set for the population screened are 95% and 99% respectively.

Exclusions

Two types of standards are not included here:

- Structural standards: these describe the structure of the programme and must be fully met. Examples of structural standards are “provision of information to all participants” and “Providers will ensure that there are adequate numbers of appropriately trained staff in place to deliver the screening programme in line with best practice guidelines and NHSP national policy.” Structural standards are included in screening service specifications and monitored through commissioning and other quality assurance routes. The service specifications should be reviewed by providers and commissioners to ensure structural standards are met by all screening programmes.

- Outcome standards: Outcomes of the screening pathway are influenced by screening as well as factors beyond the screening programme. The NHSP national programme collects data and reports on outcomes including the number of cases of Permanent Childhood Hearing Impairment (PCHI) and the age at confirmation. Audiology services should record on the national software solution for newborn hearing screening the audiology follow-up data on babies that refer from the screen as well as any children with later identified PCHI.

These standards cover the screening journey up to and including the point of referral to audiology and entry into audiological assessment. Public Health England does not have a remit to set standards for paediatric audiology, medical or early intervention services and thus these have not been included in the revised programme standards. However, it is recognised that the original NHSP standards relating to these need a transition to the appropriate body. Public Health England is working closely with NHS England on this. The treatment standards will therefore be kept as a separate document on the programme website for an interim period. An archive copy of the previous NHSP Quality Standards (excluding standards 1-16a which are covered in the new document) can be found at http://webarchive.nationalarchives.gov.uk/20150408175925/http:/hearing.screening.nhs.uk/standardsandprotocols

5. Screening pathway

The standards are based on ten themes that assess the whole pathway:

- Identify population (to accurately identify the population to whom screening is offered)
- Inform (to maximise informed choice across the screening pathway)
- Coverage/Uptake (to maximise uptake in the eligible population who are informed and wish to participate in the screening programme)
- Test (to maximise accuracy of screening test from initial sample or examination to reporting the screening result)
- Diagnose (to maximise accuracy of diagnostic test)
- Intervention/Treatment (to facilitate high quality and timely intervention in those who wish to participate)
- Outcome (to optimise individual and population health outcomes in the eligible population)
- Minimising Harm (to minimise potential harms in those screened and in the population)
- Staff: Education and Training (to ensure that the screening pathway is provided by a trained and skilled workforce, with the capacity to deliver screening services as per service specification)
- Commissioning/Governance (to ensure effective commissioning and governance of the screening programme).

6. Relationship between standards and key performance indicators (KPIs)

KPIs are a subset of standards that are collated and usually reported quarterly (unless numbers are small, in which case aggregate data is reported annually) compared to annual reporting for standards. There are 2-3 KPIs per screening programme. The KPIs focus on areas of particular concern. Once a KPI consistently reaches the achievable level, the KPI will revert to being a standard and allow entry of another KPI to focus on additional areas of concern or a change to the threshold of the existing standard to promote continuous improvement. Standards 1 and 5 are the current NHSP KPIs https://www.gov.uk/government/publications/nhs-population-screening-reporting-data-definitions

7. Reporting standards

Standards will be reported annually unless they are also a key performance indicator in which case they are usually reported on quarterly and annual figures are aggregated. Performance reports are produced by NHSP using information from the national information solution. National reports are produced between two and three months after fiscal year (April-March) end with a submission deadline of 30 June.

8. Revising standards

It is anticipated that standards will be reviewed in line with the service specifications on an annual basis.

9. Other resources to support providers and commissioners

This document focuses on process standards to enable providers and commissioners to continuously improve the quality of the screening programme. Additional NHSP operational guidance is included in the following documents:

- Screening programme overview https://www.gov.uk/topic/population-screening-programmes/newborn-hearing
- Audiology diagnostic protocols http://www.thebsa.org.uk/resources/

10. The NHSP Standards

10.1. NHSP Standard 1: Identify the population and coverage

<table>
<tr><th>NHSP Standard 1</th><th>Identify the population and coverage</th></tr>
<tr><td>Rationale</td><td>This standard is needed to provide assurance that screening is offered to parents of all eligible babies and that each baby (for whom the offer is accepted) has a completed screening outcome</td></tr>
<tr><td>Objective</td><td>To maximise timely screening in the eligible population who are informed and wish to participate in the screening programme</td></tr>
<tr><td>Criteria</td><td>The proportion of babies eligible for newborn hearing screening for whom the screening process is complete by 4 weeks corrected age (hospital programmes-well babies, NICU babies) or by 5 weeks corrected age (community programmes-well babies).</td></tr>
<tr><td>Definitions</td><td>
<table>
<tr><td>complete screens</td><td rowspan="2">expressed as a percentage, where:</td></tr>
<tr><td>eligible babies</td></tr>
</table>

“complete screens” (numerator) is the total number of eligible babies for whom a decision about referral or discharge from the screening programmes is made within an effective timeframe. This includes:

Babies for whom a conclusive screening result was available by 4 weeks corrected age (hospital programmes-well babies, NICU babies) or by 5 weeks corrected age (community programmes-well babies)
Babies referred to an audiology department because a newborn hearing screening encounter was inconclusive or contraindicated

The “screening outcomes” that comprise a complete screen are:

Clear response-no follow up required
Clear response- targeted follow up required
No clear response-bilateral referral, unilateral referral
Incomplete-baby/equipment reason, equipment malfunction, equipment not available, baby unsettled
Incomplete-screening contraindicated

eligible babies (denominator) is the total number of babies born within the reporting period whose mother was registered with a GP practice</td></tr>
</table>

	within the CCG, or (if not registered with any practice) resident within the area covered by the provider NHSP site or CCG area, excluding: • any baby who died before screening could be completed • babies that have not reached **4 weeks corrected age** (hospital programmes-well babies, NICU babies) or **5 weeks corrected age** (community programmes-well babies) at the time of the report • Babies born in England and have had their record transferred electronically to Wales or another home country Corrected age is used for babies born at <40 weeks gestation For NHSP, coverage is defined as a screening outcome being set on the national software solution, accepting that the screen may be incomplete.
Performance thresholds	Acceptable: ≥ 97.0% Achievable: ≥ 99.5%
Mitigations	The following babies will be included in the denominator but may not be screened by NHSP and therefore not be included in the numerator. These babies should be accounted for and the reason explained in the commentary as mitigations against performance thresholds. • Babies who have attained the required age (described above) but whose screening was delayed because they are not well enough • Babies who are eligible for screening but were screened by one of the other home countries (Northern Ireland, Scotland, Wales) • Babies born in private hospitals or US Air force (USAF) bases
Reporting	Reporting focus: Local Newborn Hearing Screening Programme Data source: National software solution for newborn hearing screening Reporting period: Quarterly; data to be collated between two and three months after each quarter end. Deadlines: 30 September (Q1), 31 December (Q2), 31 March (Q3), 30 June (Q4).
Equity impact	Review of performance at a local level by population group may indicate inequity in whether or not babies enter, complete the screening pathway or access services within optimal timescales. Tools that can be used to help local services and commissioners consider how to improve equity of access are NHS England's Equality Diversity System and PHE's Health Equity Assessment Tool

10.2. NHSP Standard 2: The test performance AOAE1 well babies

<table>
<tr><th>NHSP Standard 2</th><th>The test performance : Referral rate at Automated oto-acoustic emission 1 (AOAE1) (well babies)</th></tr>
<tr><td>Rationale</td><td>This standard is needed to monitor the performance of the screening test and to minimise harm</td></tr>
<tr><td>Objective</td><td>To maximise performance of the screening test</td></tr>
<tr><td>Criteria</td><td>Test performance</td></tr>
<tr><td>Definitions</td><td>
<table>
<tr><td>babies who do not show a clear response in both ears at AOAE1
babies tested at AOAE1</td><td>expressed as a percentage</td></tr>
</table>

The possible outcomes at AOAE1 are:

CR/CR
NCR/NCR
NCR/CR
CR/NC
NCR/NC
CR/ND
NCR/ND
NC/NC
NC/ND

[CR=clear response, NCR=no clear response, NC=not complete, ND=not done]

Babies who do not show a clear response in both ears at AOAE1 (numerator) is the total number of well babies who do not show a clear response in both ears at AOAE1.

The numerator includes all combinations except CR/CR.

Babies tested at AOAE1 (denominator) is the total number of well babies who have any AOAE1 test
</td></tr>
</table>

Performance thresholds	**Hospital programmes** Acceptable ≤ 30.0% Achievable ≤ 25.0% **Community programmes** Acceptable ≤ 15.0% Achievable ≤ 13.5% This is a negative polarity standard i.e. a lower percentage is better The variation in thresholds reflects that community programmes typically screen babies at a later age and therefore pass rates are higher
Mitigations	None
Reporting	Reporting focus: Local Newborn Hearing Screening Programme Data source: National software solution for newborn hearing screening Reporting period: Annual (30 June)
Equity impact	Review of performance at a local level by population group may indicate inequity in whether or not babies enter, complete the screening pathway or access services within optimal timescales. Tools that can be used to help local services and commissioners consider how to improve equity of access are NHS England's Equality Diversity System and PHE's Health Equity Assessment Tool.

10.3. NHSP Standard 3: The test performance: referral rate to diagnostic audiological assessment

<table>
<tr><th>NHSP Standard 3</th><th>The test performance : referral rate to diagnostic audiological assessment</th></tr>
<tr><td>Rationale</td><td>This standard is needed to monitor the performance of the screening test at the final result of the screen in order to minimise harm</td></tr>
<tr><td>Objective</td><td>To maximise performance of the screening programme</td></tr>
<tr><td>Criteria</td><td>Test performance</td></tr>
<tr><td>Definitions</td><td>
<table>
<tr><td>referrals for diagnostic audiological assessment</td><td rowspan="2">expressed as a percentage</td></tr>
<tr><td>complete screens</td></tr>
</table>

Referrals for diagnostic audiological assessment (numerator) is the total number of babies that receive a no clear response result in one or both ears or other result that requires an immediate onward referral for audiological assessment.

The “screening outcomes” that require a diagnostic referral within the national software solution for newborn hearing screening are:
• No clear response-bilateral referral, unilateral referral
• Incomplete-baby/equipment reason, equipment malfunction, equipment not available, baby unsettled
• Incomplete-screening contraindicated

“complete screens” (denominator) is the total number of eligible babies for whom a decision about referral or discharge from the screening programme is made and includes:
• Babies for whom a conclusive screening result was available
• Babies referred to an audiology department because a newborn hearing screening encounter was inconclusive or contraindicated

The “screening outcomes” that comprise a complete screen within the national software solution for newborn hearing screening are:
• Clear response-no follow up required
• Clear response- targeted follow up required
• No clear response-bilateral referral, unilateral referral
• Incomplete-baby/equipment reason, equipment malfunction, equipment not available, baby unsettled
• Incomplete-screening contraindicated</td></tr>
</table>

Performance thresholds	**Hospital programmes** Acceptable ≤ 3% Achievable ≤ 2.5% **Community programmes** Acceptable ≤ 1.6% Achievable ≤ 1.3% This is a negative polarity standard i.e. a lower percentage is better The thresholds for community programmes are new (previously there was one threshold for both hospital and community) The variation in thresholds reflects that community programmes typically screen babies at a later age and therefore pass rates are higher
Mitigations	None
Reporting	Reporting focus: Local Newborn Hearing Screening Programme Data source: National software solution for newborn hearing screening Reporting period: Annual (30 June)
Equity impact	Review of performance at a local level by population group may indicate inequity in whether or not babies enter, complete the screening pathway or access services within optimal timescales. Tools that can be used to help local services and commissioners consider how to improve equity of access are NHS England's Equality Diversity System and PHE's Health Equity Assessment Tool

10.4. NHSP Standard 4: Intervention - time from screening outcome to offered appointment for diagnostic audiological assessment

<table>
<tr><th>NHSP Standard 4</th><th>Intervention - time from screening outcome to <u>offered</u> appointment for diagnostic audiological assessment</th></tr>
<tr><td>Rationale</td><td>To provide assurance that babies with a no clear response result in one or both ears or other result who require an immediate onward referral for audiological assessment, are referred for diagnostic audiological assessment in a timely manner</td></tr>
<tr><td>Objective</td><td>To maximise timely diagnostic tests and entry into clinical pathway where relevant</td></tr>
<tr><td>Criteria</td><td>The proportion of babies with a no clear response result in one or both ears or other result that require an immediate onward referral for audiological assessment who are offered an audiological assessment appointment that is within the required timescale</td></tr>
<tr><td>Definitions</td><td>
<table>
<tr><td>referrals for diagnostic audiological assessment who are offered an appointment that is within the required timescale</td><td rowspan="2">expressed as a percentage</td></tr>
<tr><td>referrals for diagnostic audiological assessment</td></tr>
</table>

Referrals for diagnostic audiological assessment (denominator) is the total number of babies who receive a no clear response result in one or both ears or other result that requires an immediate onward referral for audiological assessment. Within the national software solution for newborn hearing screening it is defined as the following “screening outcomes”:-

No clear response-bilateral referral, unilateral referral
Incomplete-baby/equipment reason, equipment malfunction, equipment not available, baby unsettled
Incomplete-screening contraindicated

The numerator is the number of babies from the denominator who are offered an appointment that is within the required timescale.

The required timescale is either within 4 weeks of screen completion <u>or</u> by 44 weeks gestational age.

Corrected age is used for babies born at <40 weeks gestation
</td></tr>
</table>

Performance thresholds	Acceptable: ≥ 97% Achievable: ≥ 99%
Mitigations	The following babies will be included in the denominator but may not be offered follow up in England and therefore will not be included in the numerator. These babies should be accounted for and the reason explained in the commentary as mitigations against performance thresholds. • babies who are too unwell to proceed or who die between screen completion and offer of diagnostic audiological assessment appointment • babies whose follow up appointment is in another country The threshold was previously set at 100% and should be regarded as a structural standard defined within the service specification. However in order to focus attention on this, it will be included as a programme standard until performance improves.
Reporting	Reporting focus: Local Newborn Hearing Screening Programme Data source: National software solution for newborn hearing screening Reporting period: Annual (30 June)
Equity impact	Review of performance at a local level by population group may indicate inequity in whether or not babies enter, complete the screening pathway or access services within optimal timescales. Tools that can be used to help local services and commissioners consider how to improve equity of access are NHS England's Equality Diversity System and PHE's Health Equity Assessment Tool

10.5. NHSP Standard 5: Intervention - time from screening outcome to attendance at an audiological assessment appointment

<table>
<tr><th>NHSP Standard 5</th><th>Intervention - time from screening outcome to <u>attendance</u> at an audiological assessment appointment</th></tr>
<tr><td>Rationale</td><td>To provide assurance that babies with a no clear response result in one or both ears or other result who require an immediate onward referral for audiological assessment receive diagnostic audiological assessment in a timely manner</td></tr>
<tr><td>Objective</td><td>To maximise timely diagnostic tests and entry into clinical pathway where relevant</td></tr>
<tr><td>Criteria</td><td>The proportion of babies with a no clear response result in one or both ears or other result that require an immediate onward referral for audiological assessment who receive audiological assessment within the required timescale</td></tr>
<tr><td>Definitions</td><td>
<table>
<tr><td>referrals for diagnostic audiological assessment who attend an appointment that is within the required timescale</td><td rowspan="2">expressed as a percentage</td></tr>
<tr><td>referrals for diagnostic audiological assessment</td></tr>
</table>

Referrals for diagnostic audiological assessment (denominator) is the total number of babies who receive a no clear response result in one or both ears or other result that requires an immediate onward referral for audiological assessment. Within the national software solution for newborn hearing screening it is defined as the following “screening outcomes”:-

No clear response-bilateral referral, unilateral referral
Incomplete-baby/equipment reason, equipment malfunction, equipment not available, baby unsettled
Incomplete-screening contraindicated

The numerator is the number of babies from the denominator who attend an appointment within the required timescale.

The required timescale is either within 4 weeks of screen completion <u>or</u> by 44 weeks gestational age.

Corrected age is used for babies born at <40 weeks gestation</td></tr>
</table>

Performance thresholds	Acceptable: ≥ 90 % Achievable: ≥ 95 %
Mitigations	The following babies will be included in the denominator but may not attend follow up in England and therefore will not be included in the numerator. These babies should be accounted for and the reason explained in the commentary as mitigations against performance thresholds: • babies who are too unwell to proceed or who die between screen completion and offer of diagnostic audiological assessment appointment • babies whose follow up appointment is in another country Providers need to be able to demonstrate robust follow up of those who did not attend as per local policy
Reporting	Reporting focus: Local Newborn Hearing Screening Programme Data source: National software solution for newborn hearing screening Reporting period: Quarterly; data to be collated between two and three months after each quarter end. Deadlines: 30 September (Q1), 31 December (Q2), 31 March (Q3), 30 June (Q4).
Equity impact	Review of performance at a local level by population group may indicate inequity in whether or not babies enter, complete the screening pathway or access services within optimal timescales. Tools that can be used to help local services and commissioners consider how to improve equity of access are NHS England's Equality Diversity System and PHE's Health Equity Assessment Tool

Glossary

The glossary defines terms that are consistent across NHS screening programmes. The scope of each defined term as it applies to a particular screening programme is detailed separately for each screening programme.

A broken underline indicates that a term is used according to its definition in this glossary. Where terms from the glossary are used without a broken underline, their common English meaning can be assumed; except where context determines otherwise. Definitions include all forms of the defined term; so 'tested' and 'testing' refer to the definition of 'test'.

Term	Definition
accept	A response to an offer which indicates that a screening subject is willing to proceed with a screening encounter/event. Acceptance may be inferred from conduct provided that an offer has been made. In the case of newborn screening programmes, a responsible parent/guardian can accept screening on behalf of the subject baby.
acceptance of offer	The proportion of those offered screening who accept the offer. Low acceptance of offer might indicate that: i) the offer is not being communicated or delivered effectively (no response); and/or ii) screening is not deemed necessary or desirable by an entitled population (declined)
AOAE 1	Automated Otoacoustic Emission 1 – type of screening test used
Clear response (CR)	This is the terminology used when a response is detected after a completed screening test
Community programme	Screening is carried out by specifically trained health visitors or other trained screeners. The first screening should take place at the primary health visitor birth visit at approximately 10 days of age. Any subsequent screening required should be completed by five weeks in the home or community clinic. In a community model screening will not usually be commenced until after 10 days of age. If no clear result is obtained on all stages of the screen the baby is referred to diagnostic services provided by Audiology.

Term	Definition
coverage	The proportion of those eligible for screening who are tested and receive a result. Coverage is a measure of timely screening to an eligible population. Low coverage might indicate that: i) not all eligible people have been offered screening ii) those offered screening are not accepting the test iii) those accepting the test are not being tested
decline	A response to an offer which indicates that a screening subject does not wish to proceed with a screening test or pathway
diagnosis	A diagnostic process following a screen positive result to determine whether the subject is an affected case.
effective timeframe	The period of time within which a screening test can be delivered such that a result is most likely to be obtained. The effective timeframe for a test is usually specified by the relevant screening programme.
eligible	The population that is entitled to an offer of screening. The criteria for eligibility may be administrative, demographic, clinical, or any combination of these, and may take into account individual circumstances such as time of presentation to the screening service.
Hospital programme	Screening is undertaken in maternity units by NHSP trained staff. Ideally, the screen should be completed prior to discharge from hospital. If the initial screening process cannot be completed as an inpatient, an outpatient/home visit appointment will need to be arranged by the local NHSP service provider so that the screen can be completed within four weeks. In a hospital model the majority of babies will be screened by 10 days of age. If no clear result is obtained on all stages of the screen the baby is referred to diagnostic services provided by Audiology.
NICU protocol	This protocol is applied to all babies cared for in a NICU (neonatal intensive care unit) or SCBU (special care baby unit) for more than 48 hours continuously.
No Clear Response	This is the term used when no response is detected after a completed screening test

Term	Definition
offer	A formal communication made by the screening service, giving a specific subject a realisable opportunity to be tested within an effective timeframe. An offer or invitation will only count as an offer if: i) it reaches the subject ii) the subject is capable of understanding and acting upon it iii) the screening service has the capacity to realise it iv) it offers an opportunity of testing within an effective timeframe In the case of newborn screening programmes, the offer of screening is made to a responsible parent/guardian rather than the subject baby.
PCHI	Permanent Childhood Hearing Impairment. The target condition is a PCHI of moderate or worse degree where moderate or worse is defined as an average hearing threshold (over frequencies 0.5, 1.0, 2.0 and 4 kHz) of 40 dB or more in the better hearing ear.
population	The overall population for which a screening service is responsible.
realisable	Capable of being acted upon, concluded or delivered.
refer	The process of securing further diagnosis/specialist assessment following a screen positive test. The date of referral is when the request for further assessment is made to the appropriate specialist.
registered	Formally recognised as being the primary provider of ongoing care to an individual and holding sufficient details to uniquely identify and contact that individual.
reporting period	The defined time period over which activities should be included in an aggregate audit or performance return. A reporting period can relate to any specified period but for routine reports is usually quarterly or annual. Most screening processes occur over a period of days or weeks, to allow a scan or sample to be assessed. In such cases, a single point in the process (such as the screening encounter/event) should be used to determine whether the process falls within a particular reporting period.

Term	Definition
result	A formal and completed assessment of the risk of a condition being screened for in a subject. A result will be screen positive or screen negative. Insufficient or inconclusive tests indicate a failure to obtain a result, and are **not counted** within coverage. In these cases the subject may be offered a repeat screening test.
screen negative	An indication following a test that the condition being screened for is low-risk/not suspected in a subject.
screen positive	An indication following a test that the condition being screened is high-risk/suspected in a subject.
screening	Testing people who do not have or have not recognised the signs or symptoms of the condition being tested for, either with the aim of reducing risk of an adverse outcome, or with the aim of giving information about risk.
screener	A healthcare professional responsible for administering screening tests.
subject	An eligible individual.
test	A screening encounter/event leading to the determination of an outcome. Test outcomes can be screen positive, screen negative, insufficient or inconclusive.
uptake	The proportion of those offered screening who are tested and receive a result. Uptake is a measure of the delivery of screening in the population to which it is offered. Low uptake might indicate that: i) those offered screening are not accepting the test ii) those accepting the test are not being tested
Well baby protocol	Applies to all babies not included in the NICU protocol