

# Option to reduce ABR referral rates from NHSP

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## Introduction

### NHSP

- Completed within first 4-5 weeks after birth <sup>1</sup>
- All babies with no clear response must be referred for diagnostics by 44 weeks gestation or within 4 weeks of screen completion <sup>2</sup>
- "ideally the screen should be completed before discharge from hospital", both AOAEs and AABRs <sup>2</sup>
- Where this is not achievable an outpatients appointment (OPA) is arranged <sup>2</sup>

### UHCW Background

- Change in equipment in 2015, referral rates for diagnostic ABR from NHSP significantly increased to an unsustainable level (suspected this was due to increased sensitivity to ward noise)
- A change in protocol was agreed where if AOAEII and/or AABR were required this would be as an OPA
- It is acknowledged it is preferable to complete the screen fully whilst an inpatient <sup>2</sup>, due to the local 6 hour discharge target, this is difficult to achieve where AOAE II or AABRs are required (based on minimum of 5 hours between AOAE I and II).

### Aim

- To investigate retrospectively whether the change in pathway was a success in reducing demand for neonatal diagnostic ABR tests (following the introduction of the new screening equipment).

## Methods

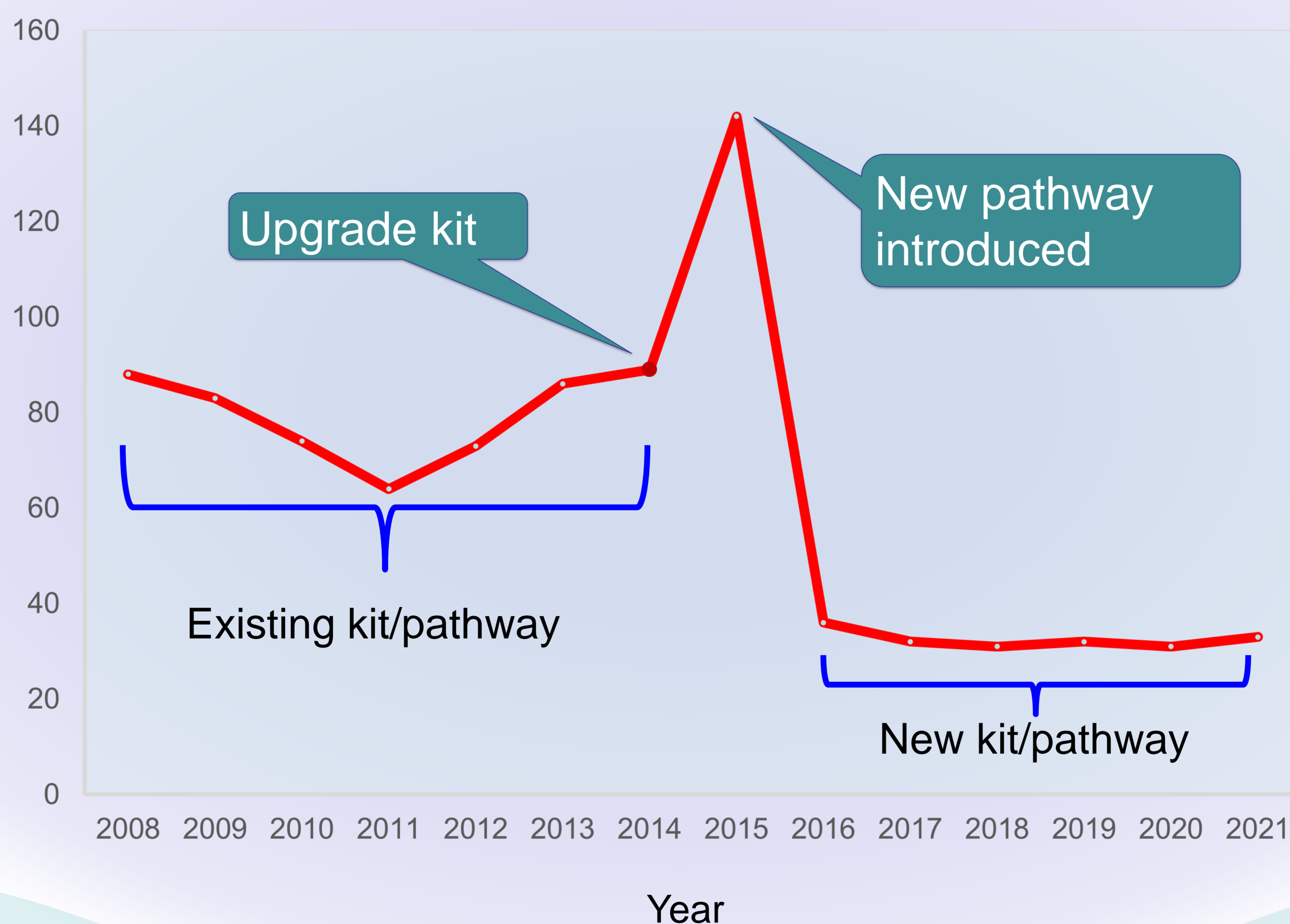
Retrospective data analysis of diagnostic audiology neonatal referral rates

Compare referral rates for same quarter each year (Aug – Oct) 2008 - 2021

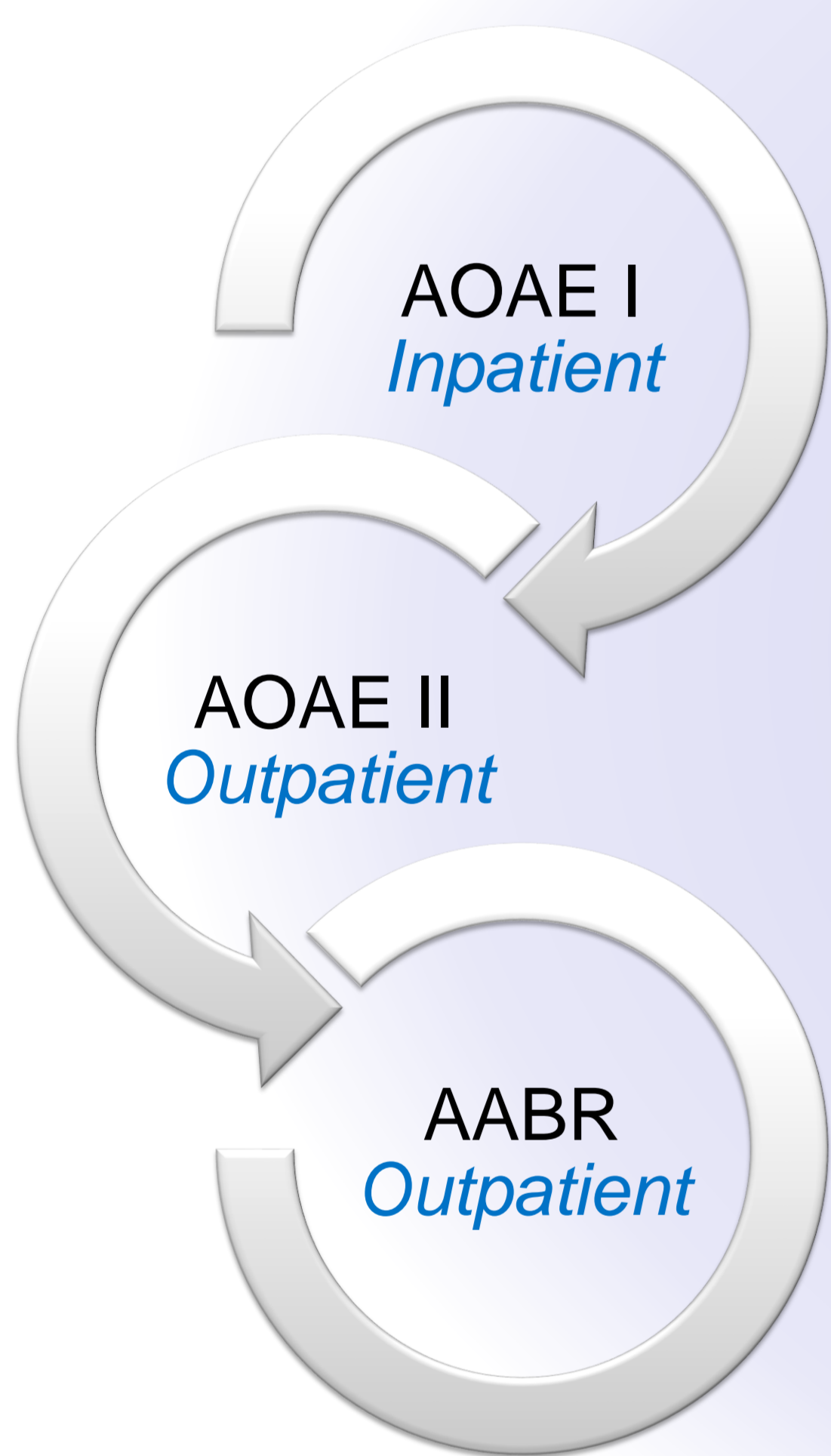
2008-2014 → Existing equipment and pathway  
2015 → Changed to new screening equipment  
2016-2021 → New pathway implemented

## Results

Referral rate from NHSP for a 3 month period per year

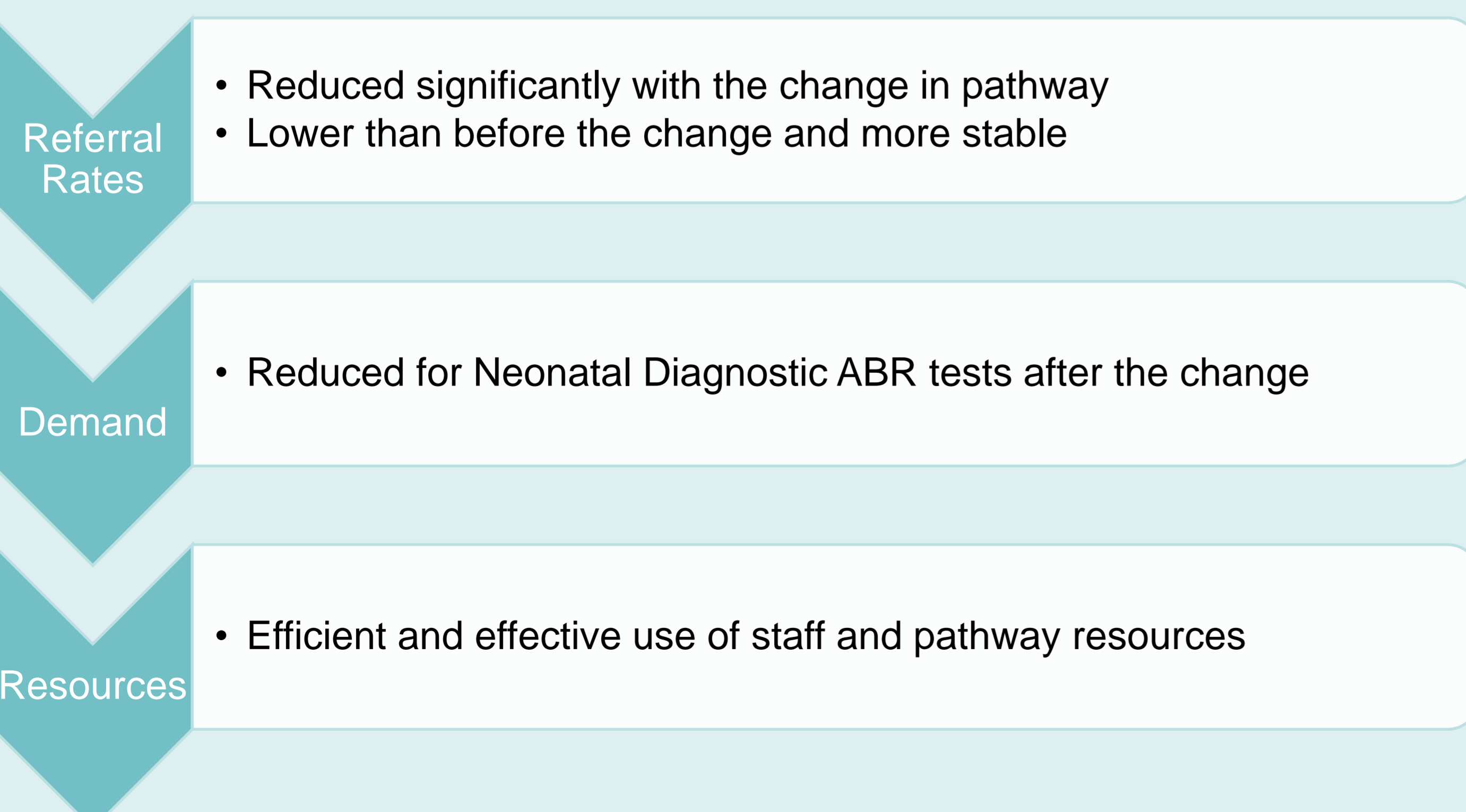


### New Pathway



## Results

### When AOAEII & AABR completed at OPA...



## Discussion

- New kit more sensitive to ward noise, resulting in sudden and unsustainable increase in ABR demand
- When the local pathway was amended, the referral rate significantly decreased
- Change in pathway did not impact the coverage rate of NHSP and still met the KPI targets
- Potentially reduced parental anxiety associated with onward referral for diagnostic test
- Does this reduction warrant further investigation to NHSP recommended protocols?
- Need to investigate OPA DNA rate to check this does not impact on TFU referrals for OPA screening non-attendance

## Conclusion

New pathway maintains NHSP coverage with a steady referral rate for Neonatal Diagnostic ABRs; resulting in effective and efficient use of resources whilst reducing parental anxiety.