



## Nebraska Newborn Hearing Hospital Champion Campaign Pledge Form



Name of Hospital: \_\_\_\_\_

### Hospital Newborn Hearing Screening Coordinator Contact Information:

Name: \_\_\_\_\_

Hospital Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Estimate of how many births annually at your hospital: \_\_\_\_\_

Please read each of the statements below and sign to indicate your agreement. This is a non-binding agreement.

### Return Pledge Form to: NE-EHDI

Email: [DHHS.NEEHDI@nebraska.gov](mailto:DHHS.NEEHDI@nebraska.gov) or

Fax: 402-742-2395

### Our hospital agrees to:

- Update or implement a newborn hearing screening policy that incorporates the Parent Perspectives Video for hospital personnel.
- Provide annual newborn hearing screening education to all hospital personnel who care for newborns.
- Send copy of your hospital policy and education plan to NE-EHDI.
- Implement newborn hearing screening practices according to the hospital policy you develop and ensure hospital personnel are utilizing the recommendations.
- Provide evidenced based patient / client education with use of the National Center for Hearing Assessment and management (NCHAM) scripts and parent education cards.
- Monitor staff compliances with every personnel who conducts hearing screens with annual audits. An Audit Form is provided to assist with this procedure.

### The Nebraska Department of Health and Human Services (DHHS), NE-EHDI Program agrees to provide:

- √ Recognition on the DHHS website as a Nebraska Newborn Hearing Hospital Champion.
- √ A Nebraska Newborn Hearing Hospital Champion Certificate signed by the designated DHHS official to display.
- √ Access to free educational and training materials.

Signature of Hospital Authorizing Official: \_\_\_\_\_ Title: \_\_\_\_\_

Printed name of Authorizing Official: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Hospital Newborn Hearing Coordinator: \_\_\_\_\_ Title: \_\_\_\_\_