Early Hearing Detection and Intervention (EHDI) Database Refresher Training

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Learning Objectives

- Review National 1-3-6 EHDI Goals

- Review Iowa's progress in meeting the national goals

- Review the basic functions of Iowa Newborn Screening Information System (EHDI database) data entry

- Review how to assure accuracy of data included in database

- Review EHDI best practices

- Identify who to contact with questions

EHDI National Goals

"1-3-6"

EHDI National Goals

Healthy People 2030

Joint Committee on Infant Hearing – Key Components of EHDI Programs

1 Screening & rescreening no later than 1 month of age

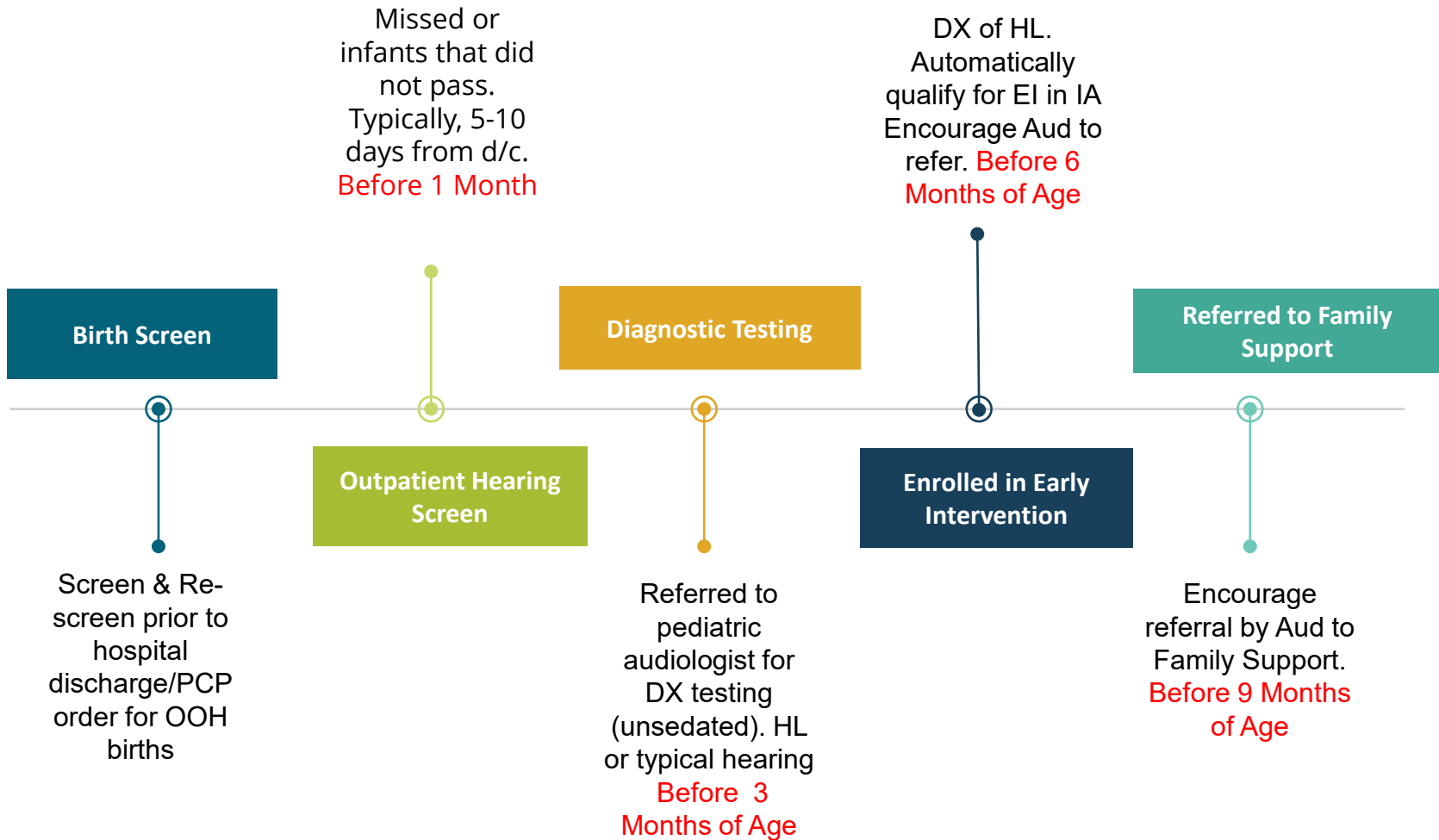**3** Diagnosed no later than 3 months of age

6 Enrolled in early intervention no later than 6 months of age

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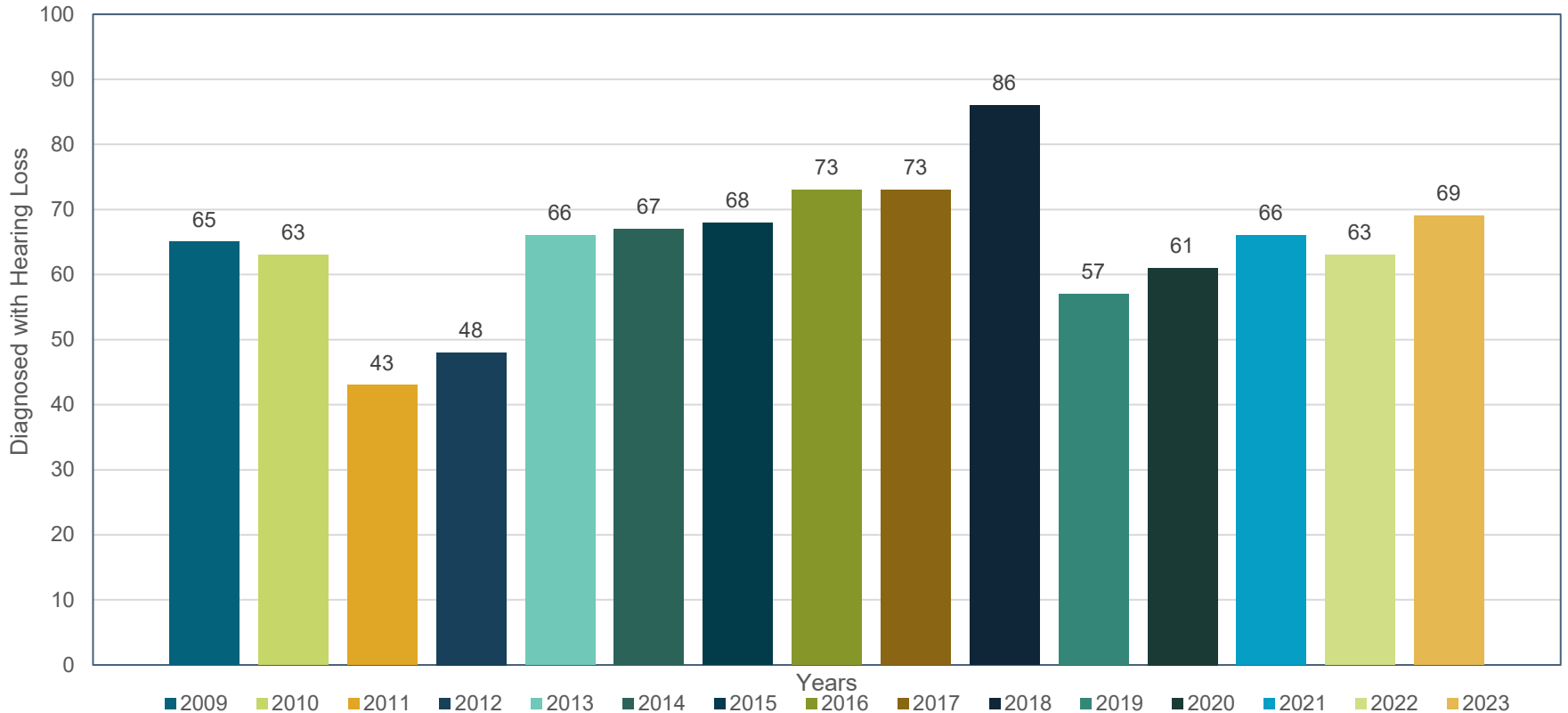# HRSA Metrics for National Goals

By March 2029:

- Increase by 1 percentage point from baseline per year, or achieve at least a 95 percent screening rate, whichever is lower, the number of infants that completed a newborn hearing screen no later than 1 month of age.

- Increase by 10 percentage points from baseline, or achieve a minimum rate of 85 percent, whichever is lower, the number of infants that completed a diagnostic audiological evaluation no later than 3 months of age.

- Increase by 15 percentage points from baseline, or achieve a minimum rate of 80 percent, whichever is lower, the number of infants identified as DHH that are enrolled in EI services no later than 6 months of age.
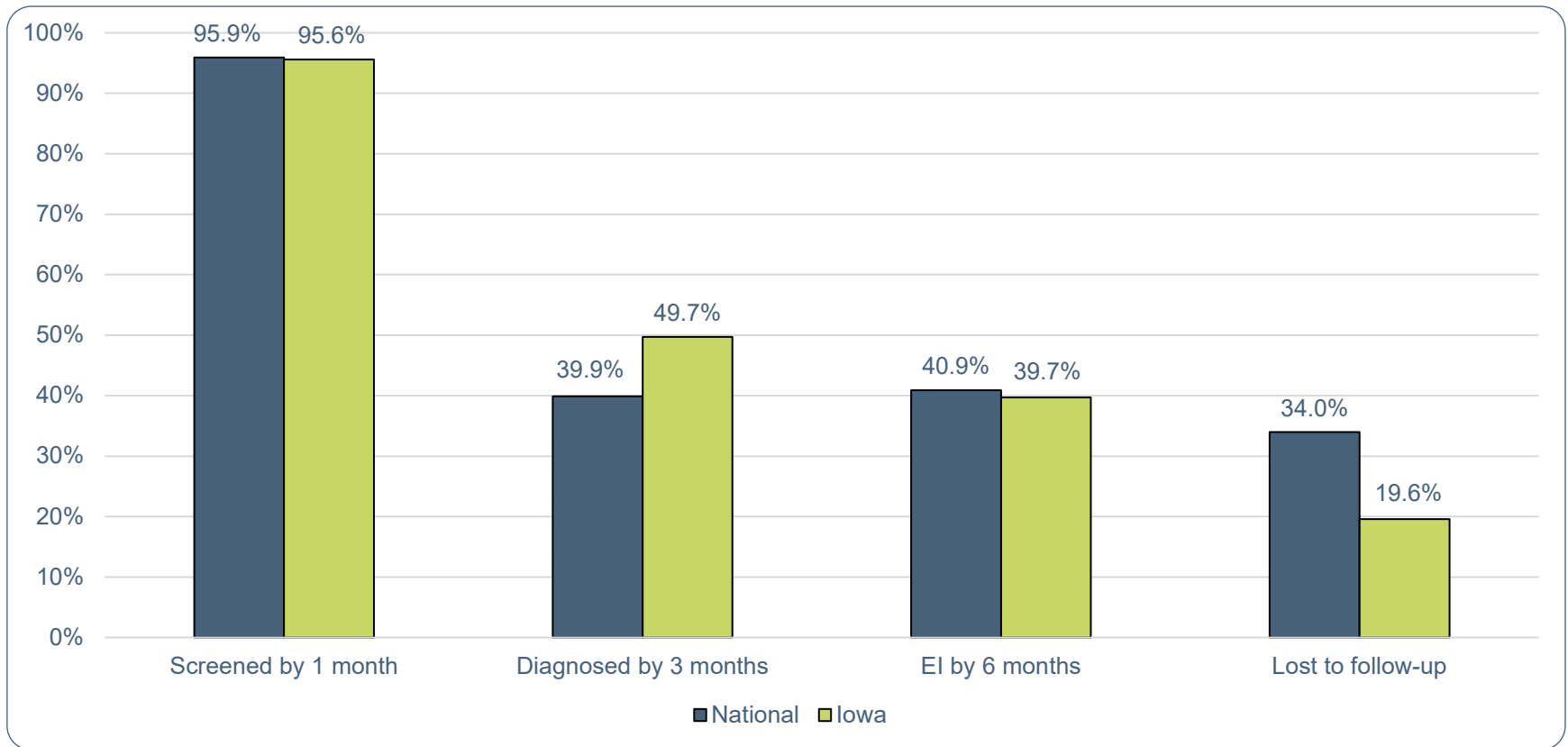
Hearing Healthcare Journey

Missed or infants that did not pass. Typically, 5-10 days from d/c. Before 1 Month

DX of HL. Automatically qualify for EI in IA Encourage Aud to refer. Before 6 Months of Age

Birth Screen

Diagnostic Testing

Referred to Family Support

Outpatient Hearing Screen

Enrolled in Early Intervention

Screen & Re-screen prior to hospital discharge/PCP order for OOH births

Referred to pediatric audiologist for DX testing (unsedated). HL or typical hearing Before 3 Months of Age

Encourage referral by Aud to Family Support. Before 9 Months of Age

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Iowa's Progress on National Goals

Infants Diagnosed with Congenital Hearing Loss

2022 National 1-3-6 & LTF/D Compared to Iowa

Snapshot of Iowa's Progress on 1-3-6, LFU 2021-2023

Screened by 1 Month
- 2021: 94.8%
- 2022: 95.9%
- Prelim 2023: 95.4%

Diagnosed by 3 Months
- 2021: 49.2%
- 2022: 49.7%
- Prelim 2023: 40.4%

Enrolled in EI by 6 months
- 2021: 34.8%
- 2022: 39.7%
- Prelim 2023: 40.6%

Lost to follow-up
- 2021: 18.2%
- 2022: 19.6%
- Prelim 2023: 13.5%

Legend: 2021, 2022, Prelim 2023

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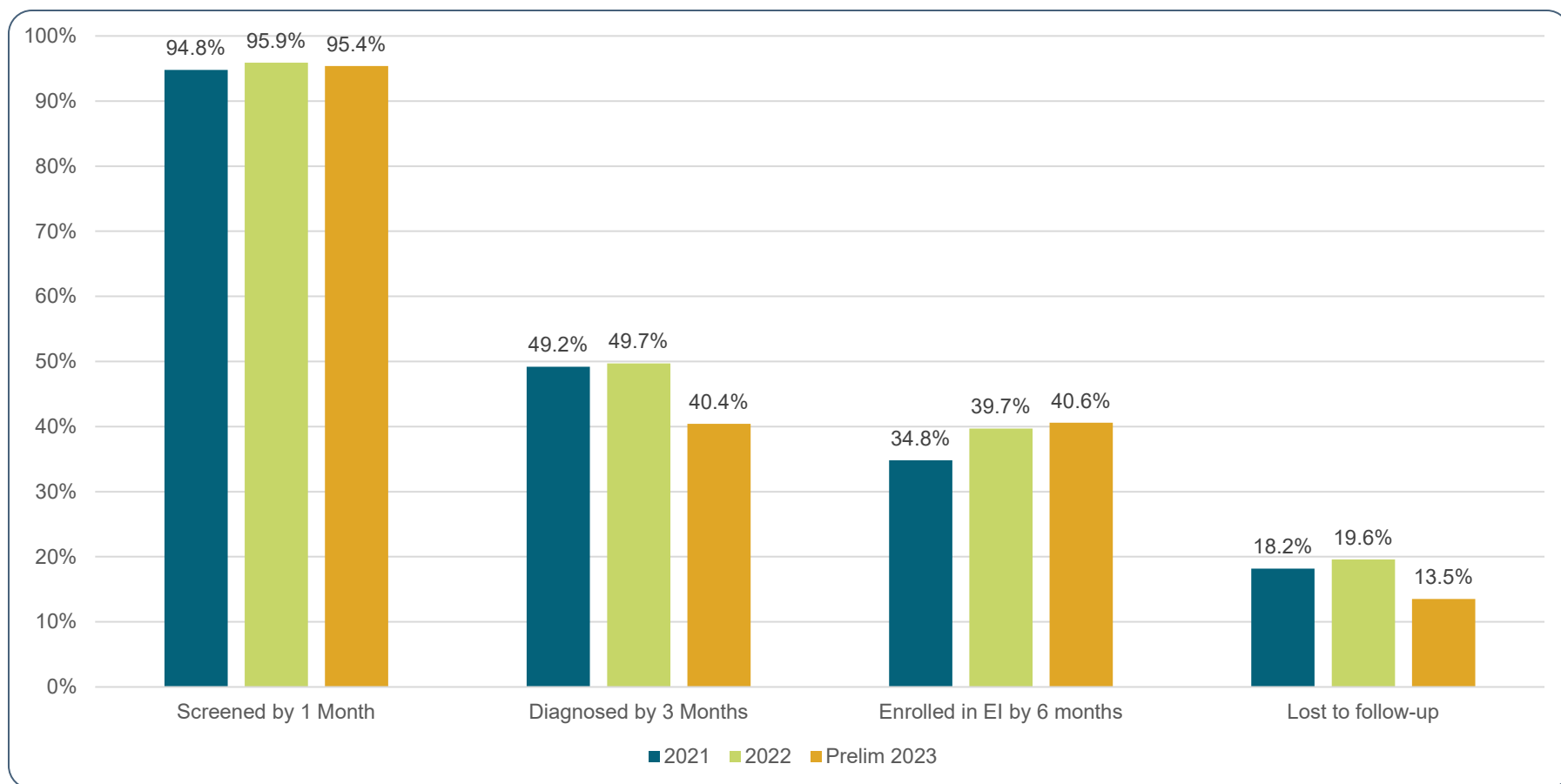
Lost to Follow-up/Documentation 2009-2023
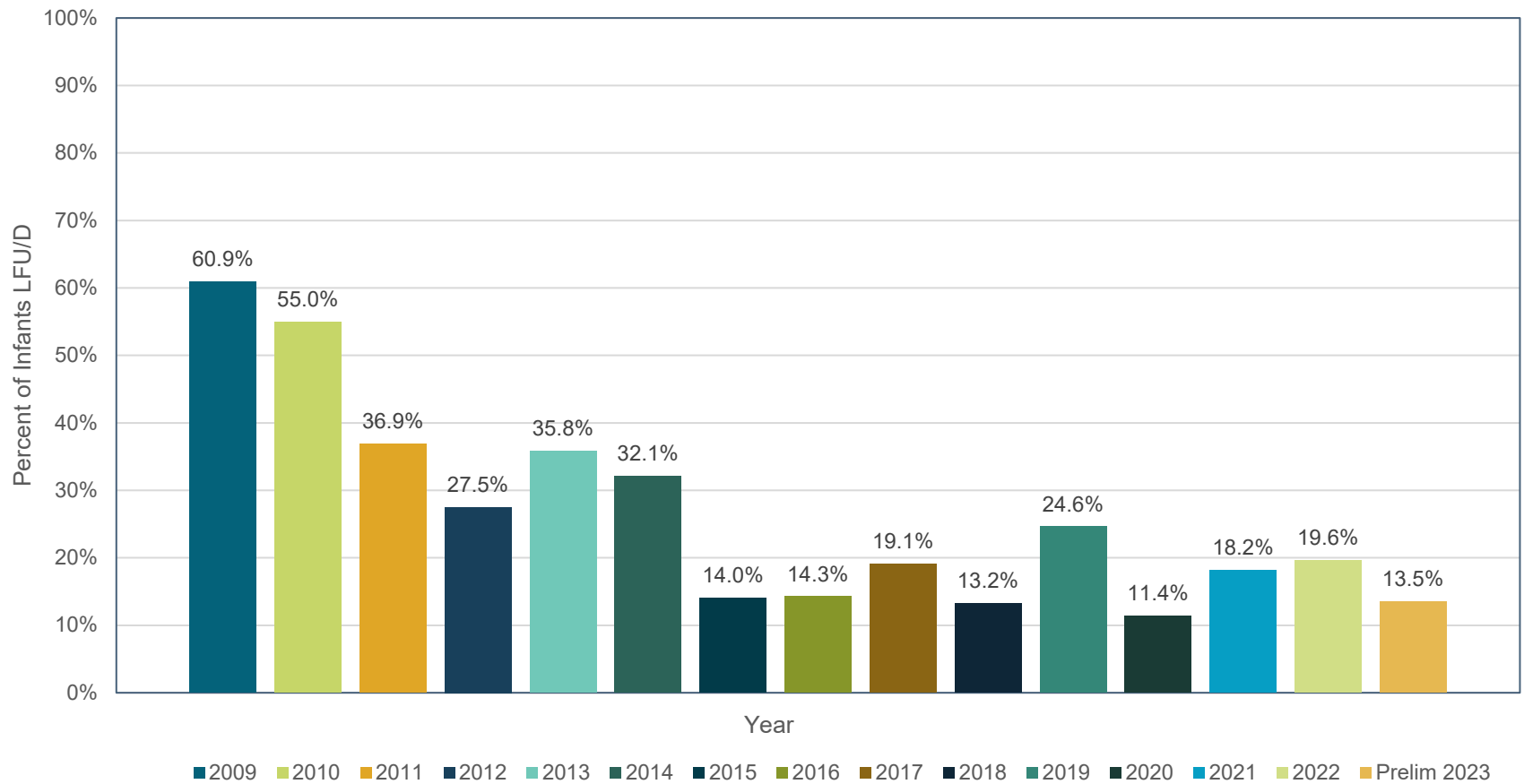
Basic Functions of EHDI Data Entry
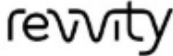
System Security

- Unique username for each user

- Strong passwords
  - Requires mix of upper and lowercase letters, numbers, and/or special characters
  - Requires at least 6-35 characters
  - PW change every 120 days
  - Do NOT share passwords

- Access Rights
  - User can only see those records and modules that are assigned to their specific user account
  - System tracks users and their footprint in the system

Welcome Page

My User Profile

To set personal preferences and defaults, click on "Admin" then 'edit user profile' and you will be able to:

- Set your default devices
- Menu – Setting your home page
- Change Password
- Other

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Risk Factor Entry

- When manually adding a new patient, ensure you click on risks

- Mark each RF as Yes, No, or Unknown.

- If RF of hearing loss, record who has hearing loss

- When using NANI or flat file import, you must click on 'Edit Risks' under the hearing tab to mark RFs

Risk Factors

JCIH risk factors (2019)

Risk Factor		
Family history of early, progressive or delayed onset permanent childhood hearing loss		No
Neonatal intensive care > 5 days		No
Hyperbilirubinemia with exchange transfusion		No
Aminoglycoside administration > 5 days		No
Asphyxia or Hypoxic Ischemic Encephalopathy		No
Extracorporeal membrane oxygenation (ECMO)		No
In utero infection: such as herpes, rubella, syphilis, toxoplasmosis		No
In utero infection: cytomegalovirus (CMV)		No
Mother + Zika and infant: no laboratory evidence/ no clinical findings		No
Mother + Zika and infant: laboratory evidence of Zika + clinical findings		No
Craniofacial malformations: microtia/atresia		No
Craniofacial malformations: Other (e.g. ear dysplasia, oral facial clefting, white forelock, microphthalmia)		No
Congenital microcephaly, congenital or acquired hydrocephalus		No
Temporal bone abnormalities		No
Syndromes associated with atypical hearing thresholds	Turner	Yes
Culture-positive infections associated with atypical hearing thresholds: bacterial or viral (e.g. herpes, varicella), meningitis or encephalitis		No
Significant head trauma /basal skull/temporal bone fractures		No
Chemotherapy		No
Caregiver concern regarding hearing, speech, language, developmental delay and or developmental regression		No

Set all to No   Save and Close Window   Cancel and Close Window

Tips for Adding a Professional Contact

- Click on **'Search for Person'** to find a PCP/Medical Home

- Click on **'Search for Place (facility)'** when searching for a audiology, ENT or outpatient clinic. This is also used for searching for the AEA's

- Remember to choose the correct service under the drop down that appears when assigning a new professional contact

- If the child will not be seen at your facility after discharge for a hearing rescreen, add the outpatient screening or audiology provider where the child is scheduled for a re-screen

- If you are not able to locate a PCP/Medical Home and it is a PCP that is known to provide services or resides out of state, please select the corresponding state when searching for the contact

- Use a few letters of the first and last name when searching for a professional contact

- If you are not able to locate a PCP/Medical Home in the database, contact EHDI staff for assistance

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Recording Appointments

- Select 'Edit' to add an appointment for a hearing rescreen

Patient Information:

Date of Birth: 07/13/2016

Patient Outcomes:

Description	Status	Appointment	
Birth Screen	Unilateral Referral		
Outpatient	Required - Not Scheduled ⌄	**Appointment Required**	edit
Risk Monitoring	Not Required		
Audiological Assessment	Not Required		
ENT	Not Required		
EI	Not Required		
HAB	Not Required		
Contact Info	Required and Present		

Recording Appointments Cont'd

- Add the provider the child is scheduled with by clicking in 'Add Professional Contact' and follow that process

- Remember to include the date and time of appointment under 'Appointment Date/Time' and click 'Save and Return to Hearing Page"

Transfers

- Click on 'Transfer Patient' under Professional Contacts on Child Information Page

- Select service of 'Birth Screen Provider'

- Select facility and click on 'Locate Professional Contact'

Transfers Cont'd

Pending Transfer(s)

You have pending transfer(s) to your facility. Please open the transfer tab and receive the pending patient(s).

View Transfers

- When the receiving facility gets a transfer, you must accept the transfer when a user signs on. You will get the pop up shown on the right.

- Click on box next to infant and click 'Accept Selected Transfers'

- These infants will then show when searching

Patient Document Upload

- This feature can store documents relevant to the infant's care.

- Most often used to document refusal.

- Select 'View/Add Document' on the Child Information Page

- Browse to file that needs imported

- Select document category of General

- Provide description of the file being uploaded (Parent Refusal) and select upload

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Primary Contact Information

- Fill out all information for Primary Contact using appropriate letters

- If the child is being placed for adoption or in the care of DHS, please enter the information of the person responsible for the child upon discharge

- Remember to still add birth mom's information and uncheck as primary contact and uncheck send letters

Moving to Outpatient

- Once the record is complete and the PCP/Medical Home has been added, change the child's record to Outpatient (if the child has already been discharged and is not being transferred)

- Remember to enter the Discharge Date and click on **'Set'** to save

- You can type in the date or use the calendar to the right

Quality Assurance Checks

Quality Assurance Checks

- Compare infants in database to census report/birth log for new births

- Make sure all infants have a Primary Care Provider recorded in their record (not PCP that birthed the baby, PCP upon hospital discharge)

- If you cannot find a PCP, contact EHDI personnel ASAP to help you locate
  - If out of state PCP, include first and last name, location

- Mother and child's demographics, back up contact for the family, hearing screen results, risk factors, PCP, discharge date and move patient from inpatient to outpatient status
  - Record all risk factors (RF) and if none, select 'set all to no'
  - Upload refusal form, as needed

EHDI Best Practices

Best Practices

- Must always screen both ears regardless of prior pass result in one ear

- Follow protocol for number of screens performed (DO NOT over screen)

- If you don't screen a child, DO NOT enter any results (e.g. baby transfers to another facility)

- If results were entered incorrectly in the system and need modified, contact EHDI staff ASAP

- Document newborn hearing screening refusal in the child's record and upload a copy of the signed form into record – DO NOT enter any results!

- Provide detailed case notes (e.g. Baby transferred to UIHC)

Best Practices Cont'd

- If the EHDI Point of Contact is out for a period of time, notify EHDI personnel

- If any INSIS user is no longer employed, notify EHDI ASAP

- Add outpatient screening appointments in the child's record
  - Always choose OP screen and DO NOT let it default to birth screen (DO NOT choose monitoring/not used)

- Do not bring children back after one failed outpatient hearing re-screen/refer to Pediatric Audiologist

- All infants that do not pass their hearing re-screen must be tested for CMV no later than 21 days from birth

- If infant positive for CMV, make sure you capture under risk factors

Thank you for all you do to support Iowa's children.

Please take the professional development survey from today's session: https://redcap3.idph.state.ia.us/surveys/?s=CH37CF3WR3K3FLAF. You can request a certificate of attendance through the survey.

Stay Connected with EHDI through the EHDI Website: Early Hearing Detection & Intervention (EHDI) Program | Health & Human Services

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QUESTIONS?

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