

# 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

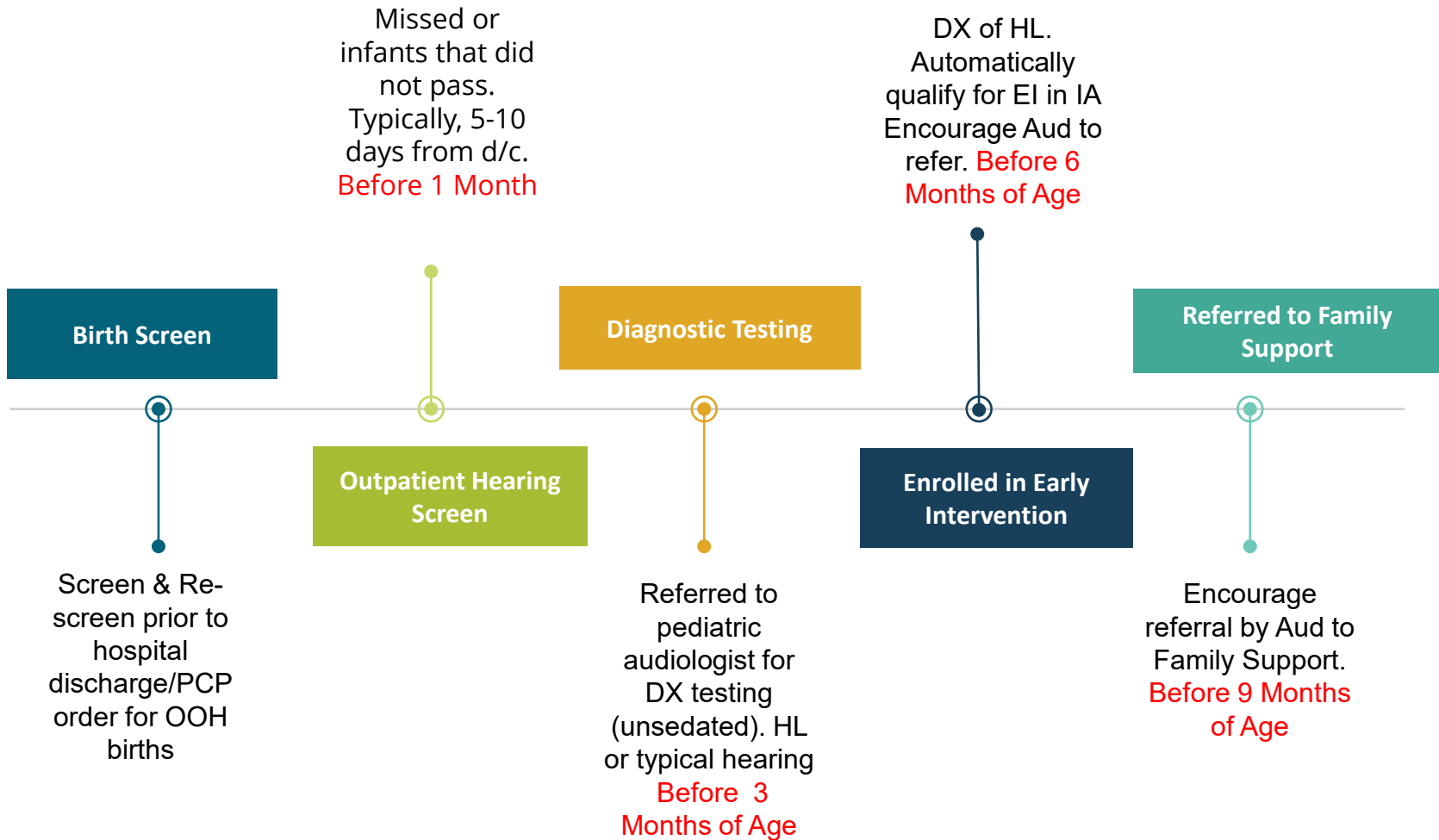
Enrolled in early intervention no later than 6 months of age

# HRSA Metrics for National Goals

By March 2029:

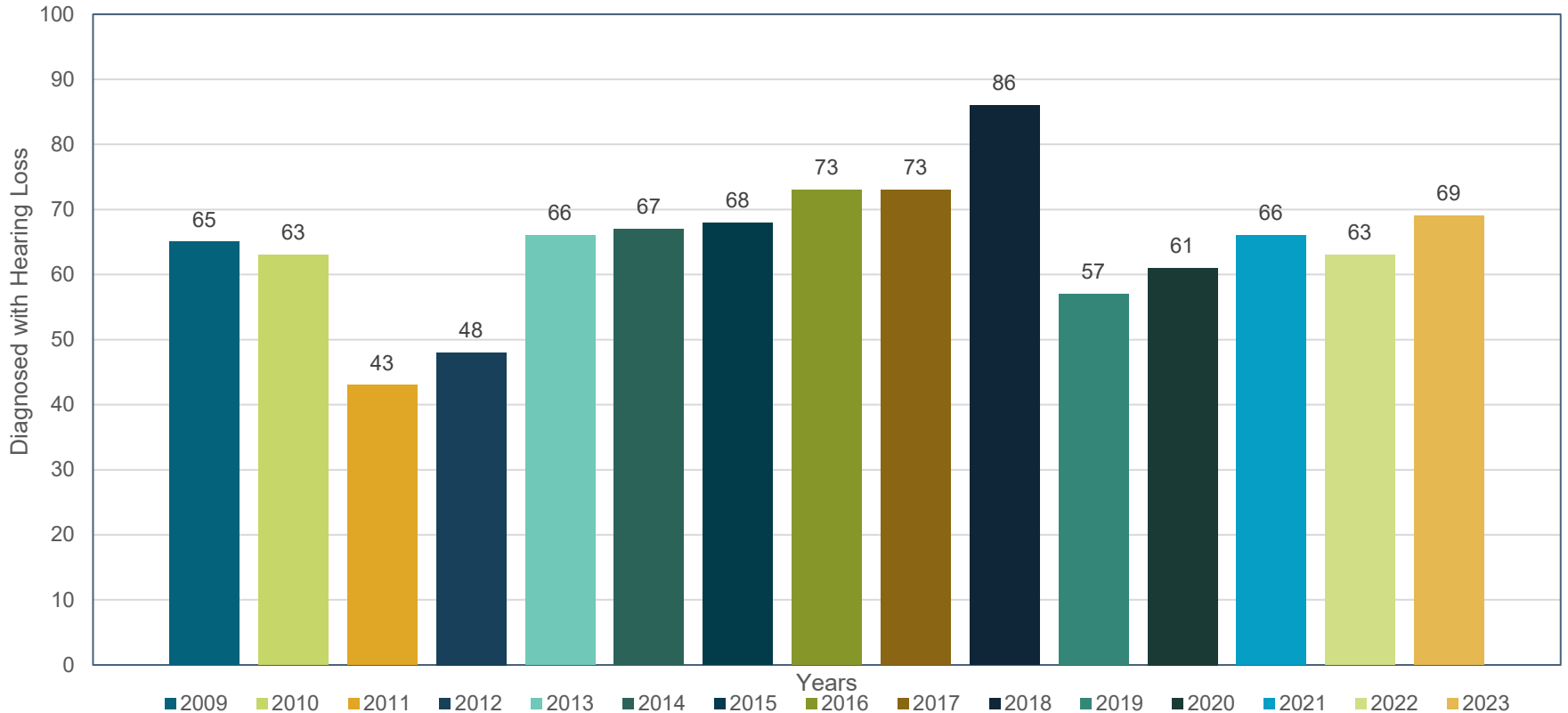
- Increase by 1 percentage point from baseline per year, or achieve at least a 95 percent screening rate, whichever is lower, the number of infants that completed a newborn hearing screen **no later than 1 month of age**.
- Increase by 10 percentage points from baseline, or achieve a minimum rate of 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



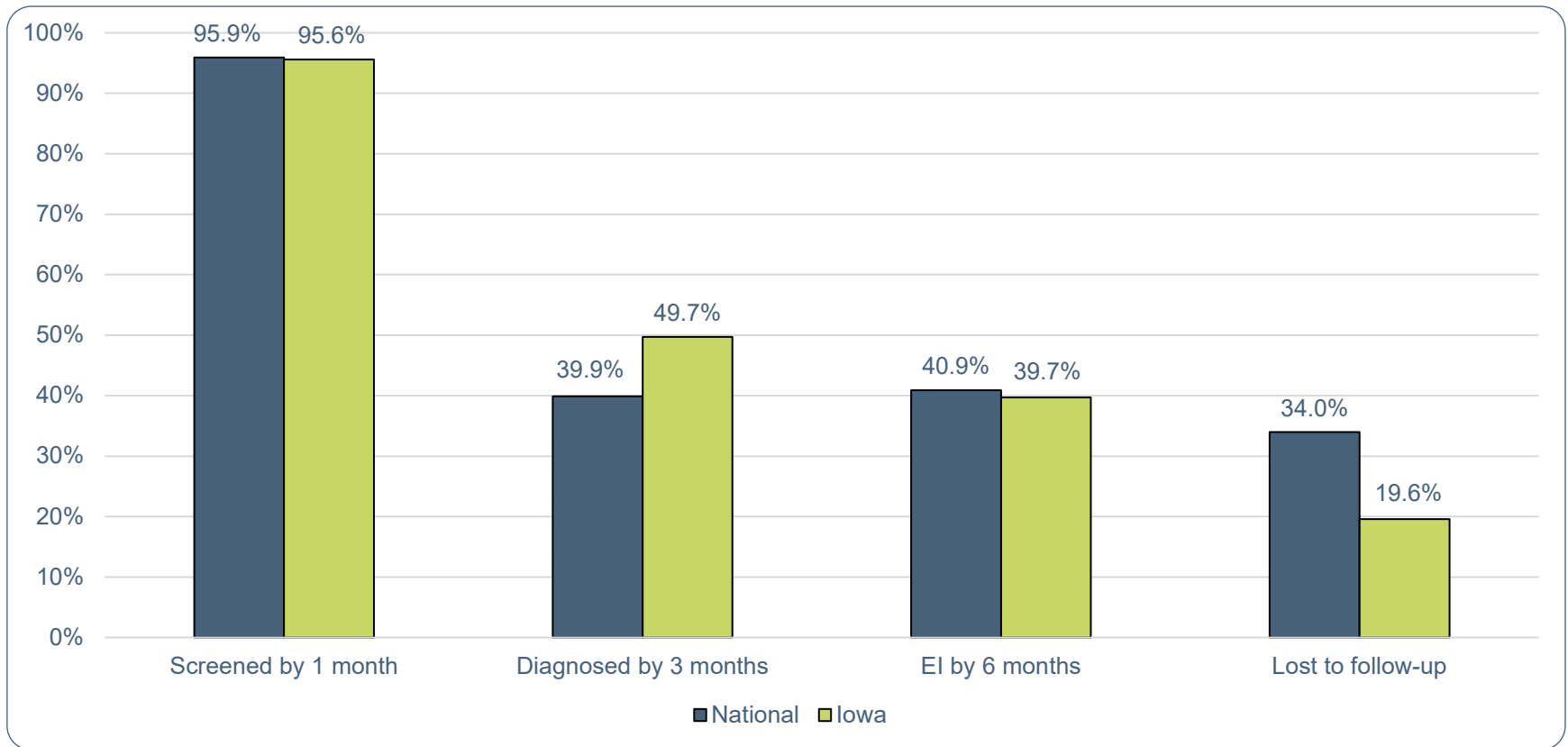
# Iowa's Progress on National Goals

# Infants Diagnosed with Congenital Hearing Loss

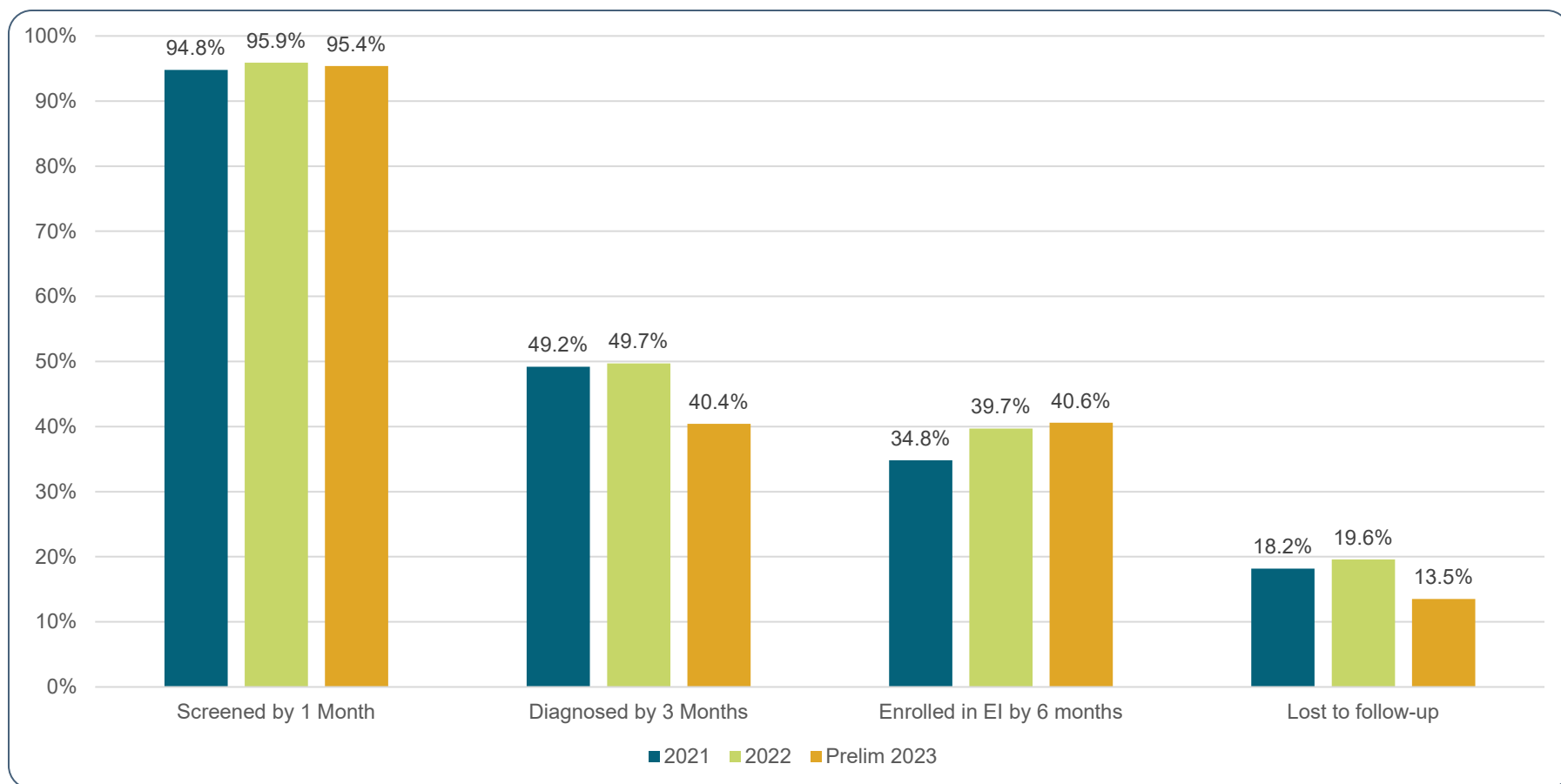




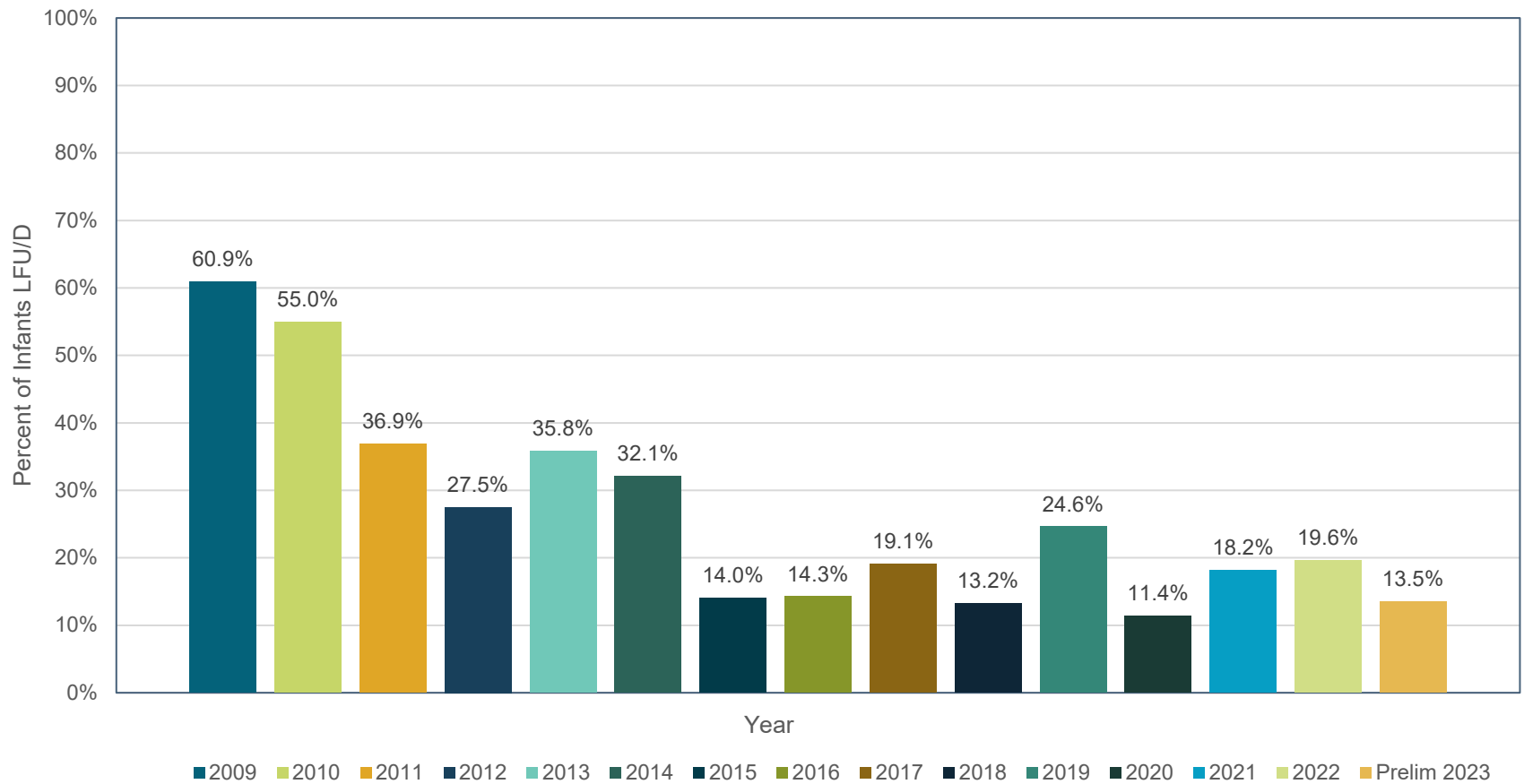
# 2022 National 1-3-6 & LTF/D Compared to Iowa



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



# Lost to Follow-up/Documentation 2009-2023



# Basic Functions of EHDI Data Entry


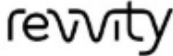
# System Security

- 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

User: Tammy O'Hollearn  
Facility: Iowa Department of Health and Human Services  
Last Login: 05/07/2025 10:42:09

[logout](#) [support](#) [select facility](#)



[Click here to retrieve it](#)

Main Area

[home page](#) <<  
**Dashboard**

[Patients](#)

[Hearing](#)

[CCHD](#)

[Metabolic](#)

[Professional Contacts](#)

[Tools](#)


[Letters](#)

[Reports](#)

[Reminders](#)

[Transfers](#)

[Admin](#)



**Welcome to eScreener Plus (eSP)**

Please select the appropriate option from the menu on the left of the screen to continue.

If you have any questions while using eSP, support materials can be found by clicking the HELP icon at the left of every screen or the support link at the top of the page. For additional support or questions, please call 1-833-496-8040 .


This system is licensed for use by the Iowa Department of Public Health (IDPH). Any access to and use of this site and the material within the site is governed by the contract agreement between IDPH and OZ Systems for the sole use of the authorized agents of the Iowa Newborn Screening Programs. Unauthorized use is a violation of Federal Law and State of Iowa and Department policies.

— IAEHDI — Helpdesk: 1-833-496-8040 Wednesday, 07 May 2025 | [home](#) [contact](#)

# 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


**State, County:** IA   [Click button to change](#)

**Zipcode:**

**Phone & Extension:**  **Ext.**

**Fax:**

**E-mail:**

**Device Defaults:** **current default device:**  
testing location | testing services provider  
  
testing technique | technology employed | equipment used  
    


**Location Defaults:**

**Nursery Defaults:**

**Menu Defaults:** your menu preferences for:  
**Iowa Dept. of Public Health**  
 MAIN section  
 PATIENTS section  
 HEARING section  
 COHD section  
 METABOLIC section  
 PROFESSIONAL CONTACTS section  
 LETTERS section  
 REMINDERS section  
 REPORTS section  
 ADMIN section

**New Password:** **leave blank if not changing:**  
 (enter new password)  
 (verify)

# 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)

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



# 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

# 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	<a href="#">edit</a>
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'

**Patient Professional Contacts:**

Name	Service Type	Phone
<input type="radio"/> ZZZ DELETE	Birth Screen Provider	515-242-5639

**Appointment Details:**

**Appointment Date/Time:**     (hr)   (min)

**Appointment Due Date:**

**Notes:**

characters remaining

Professional Contacts:			
	Name	Service Type	Phone
<a href="#">View</a>	<a href="#">Remove</a> ZZZ DELETE	Birth Screen Provider	515-242-5639
<a href="#">Transfer Patient</a>			<a href="#">Add Professional Contact</a>

# 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'

**Patient:** test, test (Male)   
**Birth Cert. ID:**    **Medical Record No.:** test  
**Lab No.**    **Age** 1 Day 8 Hours  
**Date of Birth** 07/23/2024

Patient's Professional Contacts:	
Name	
ZZZ DELETE	

**Transfer To New Facility/Professional Contact:**

**Step 1: Select A Service:**  
 Use the drop-down list below to select the type of service

select a service ▼  
 select a service  
 Birth Screen Provider

**Professional Contact:**  
 Please click the 'Locate Professional Contact' button below displayed below, you may click the 'Save And Continue' button

**choose one:**    search for person    search for place

[Locate Professional Contact](#)   [reset contact search](#)

# Transfers Cont'd

- 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

### Pending Transfer(s)

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

[View Transfers](#)

User: Tammy O'Holman Facility: University of Nebraska Medical Center Last Login: 05/07/2025 10:42:09 [logout](#) [support](#) [select facility](#)

[Click here to retrieve it](#)

- Main Area
- Patients
- Hearing
- CCHD
- Metabolic
- Professional Contacts
- Letters
- Reports
- Transfers
- transfers in «
- transfers in complete
- transfers out pending
- transfers out complete
- Admin

Help

### Incoming Transfers:

Transfer Initiation Date Range between: 02/07/2025 and 05/07/2025

Filter Date

<input type="checkbox"/>	Confidential ID	Name	DOB	From Facility	Nursery	Initiation Date
<input type="checkbox"/>	100042000000986416	O'Holman, Tammy	05/03/2025	ZZZ DELETE	Well Baby	05/07/2025

[Accept Selected Transfers](#) [Clear All](#)

# 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

**Last Document uploaded:** View/Add Documents (0)  
no document uploaded.

**Document Category:** Please select  
General  
Case Management  
CCHD  
Hearing  
Metabolics

**File Description:** \_\_\_\_\_

Please select a file to upload:

Document Category:

File Description:  (Max. 25 character)

Upload status: File uploaded!

File Name	Size	Category	Description	Uploaded By	Date Time	
<a href="#">City1-Demo.txt</a>	913.0 bytes	General	Hearing Report	Daussat, Lura	1/20/2016 4:08:25 PM	✕

# 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

Patient: Last Name, First Name (Not known) Confidential ID: 1000420000000484945  
Blood Spot Card No.: Medical Record No.:

Contact's Details: Mother

Last Name:  First Name:  Title: Ms.

Street Address:  Phone:  ext.

Apt. No.:

City:  Language: English  (written)

Mother's MRI#:  Education:

County:

State: MD Other:  Primary Contact  
 Consent Signatory  
 Send Letters

Date Of Birth:

Contact's Race/Ethnicity

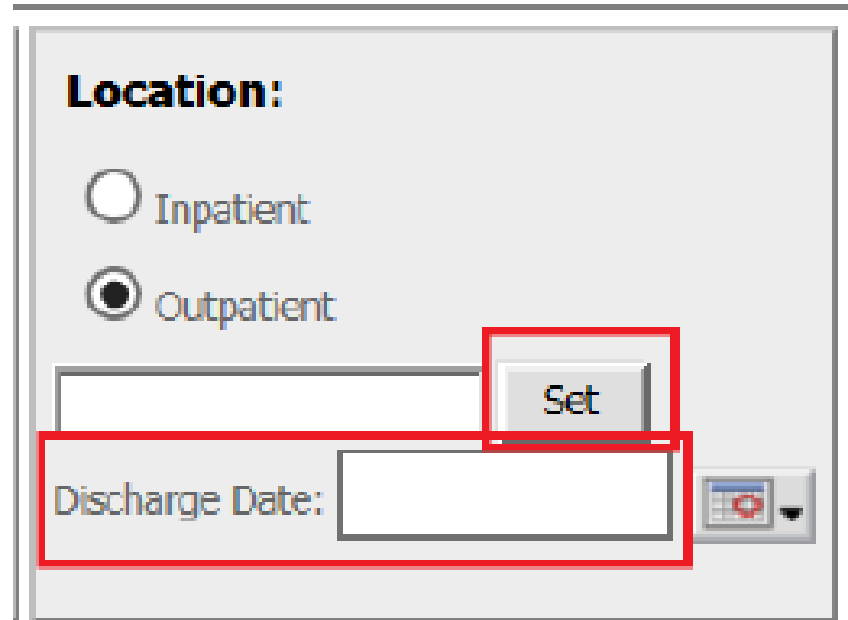
Race:  White  American Indian/Alaskan Native  Black  Asian  Pacific Island

Ethnicity:  Hispanic  Other

Save and Continue Add Contact Exit

# 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



The screenshot shows a form titled "Location:" with two radio button options: "Inpatient" (unselected) and "Outpatient" (selected). Below the options is a "Set" button, which is highlighted with a red box. Underneath the "Set" button is a "Discharge Date:" label followed by a text input field and a calendar icon to its right. The "Discharge Date:" label and the input field are also highlighted with a red box.



# 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](#)



# QUESTIONS?

**Tammy O'Hollearn, Director EHDI Program**

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