EHDI WYOMING

Wyoming Early Hearing Detection & Intervention

WYOMING EARLY HEARING DETECTION & INTERVENTION (EHDI)

HOSPITAL NURSERY
NEWBORN HEARING SCREENING
EHDI - INFORMATION SYSTEM (EHDI – IS)
USER'S MANUAL

Updated June 2016

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Introduction

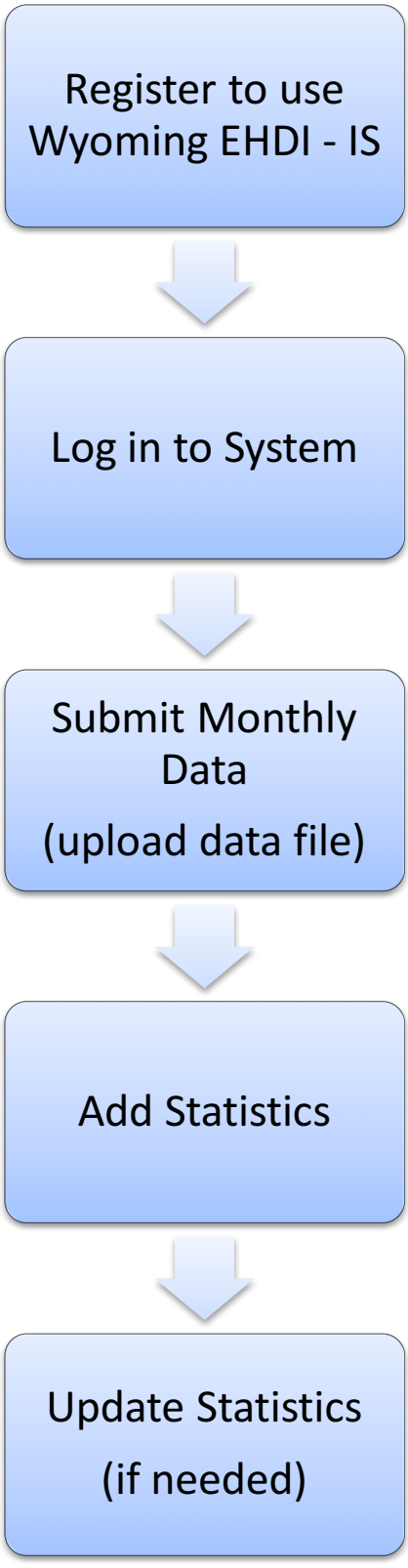
The Wyoming Early Hearing Detection and Intervention – Information System (EHDI – IS) is a database containing hearing screening results and follow-up information for children in Wyoming. The use of the WY EHDI – IS to ensure that all Wyoming children with hearing loss are identified and offered appropriate Early Intervention as early as possible. Provision of timely and appropriate medical, audiological, and developmental management provides children with hearing loss the opportunity to develop to their highest potential.

The Wyoming EHDI staff would like to thank you for the **prompt monthly** submission of your hospital's newborn hearing screening data to the Wyoming EHDI – IS. Your work ensures that Wyoming babies with hearing loss are identified as early as possible and helps to make sure newborns in Wyoming receive critically needed follow-up.

This manual is designed to give you step by step instructions on how to upload hearing screening data from the ALGO® 5 hearing screening equipment into the Wyoming EHDI – IS and enter and update statistics on the babies born in your hospital. If at any time you should have any questions about the system or the process, please feel free to contact the Wyoming EHDI office. We can be reached by phone at **307-721-6212** or **307-760-6625** and by e-mail at nancy.pajak@wyo.gov.

Again, thank you for all you do for Wyoming children and families!

Flow Chart for Wyoming Hospital Newborn Hearing Screening Data & Statistics Upload



Register to Use the Wyoming EHDI – Information System

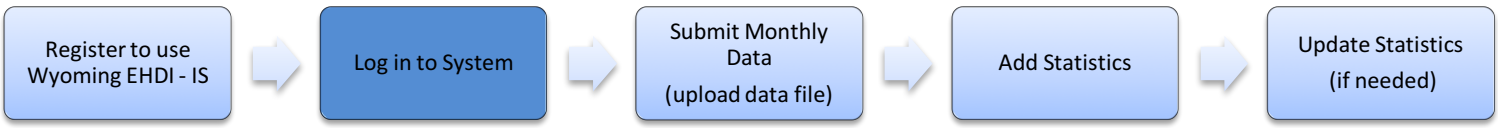
To register and obtain a user name and password for the Wyoming EHDI – Information System, you will need to complete the "**Individual User Confidentiality Agreement.**" To obtain this form:

- Go to the Wyoming EHDI website at www.wyomingehdi.org
- On the home page, click on the "Wyoming EHDI-IS" tab on the navigation bar.
- In the "Paperwork to access the Wyoming EHDI – IS" box, click on "Hospitals".
- Print and complete the paperwork. For your user name, you can use your first and last name. Your password must include 1 number and 1 letter; do not use spaces; Note: passwords are case sensitive.
- The completed paperwork may be faxed to the Wyoming EHDI office at 307-721-6313. However, the original **must** be mailed to:

  Wyoming EHDI Program
  1771 Centennial Drive, Suite 220
  Laramie, WY 82070

- Please retain a copy of the paperwork for your records. Once you receive a confirmation e-mail from Wyoming EHDI staff, you will be ready to use the Wyoming EHDI – Information System.

Log in to the Wyoming EHDI – Information System

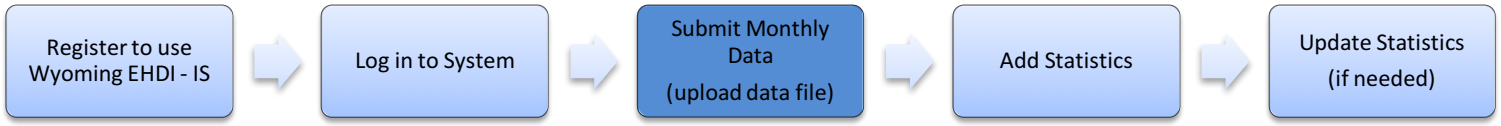


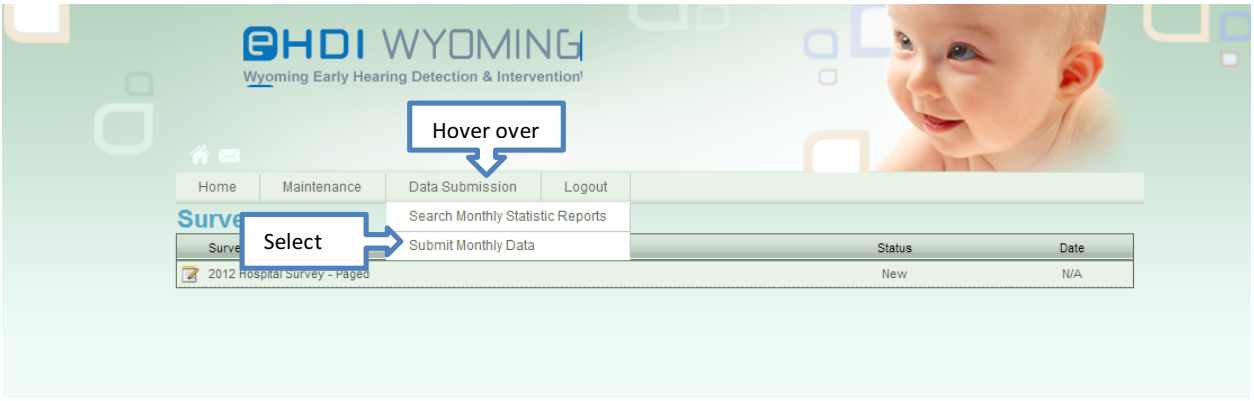
To Log in to the Wyoming EHDI – IS, in your web browser, go to the website https://ehdi.health.wyo.gov/. Once on the website, enter your user name and password in the boxes labeled “User Name” and “Password.”

Once you have entered your user name and password, click on the “Log In” button. Note: the password is case sensitive and you will be locked out if you enter an incorrect password more than three (3) times.

If you get locked out, do not have a user name or password, or have forgotten your password, contact the Wyoming EHDI staff by calling 307-721-6212 or 307-760-6625 and by e-mail at nancy.pajak@wyo.gov .

Submit Monthly Data

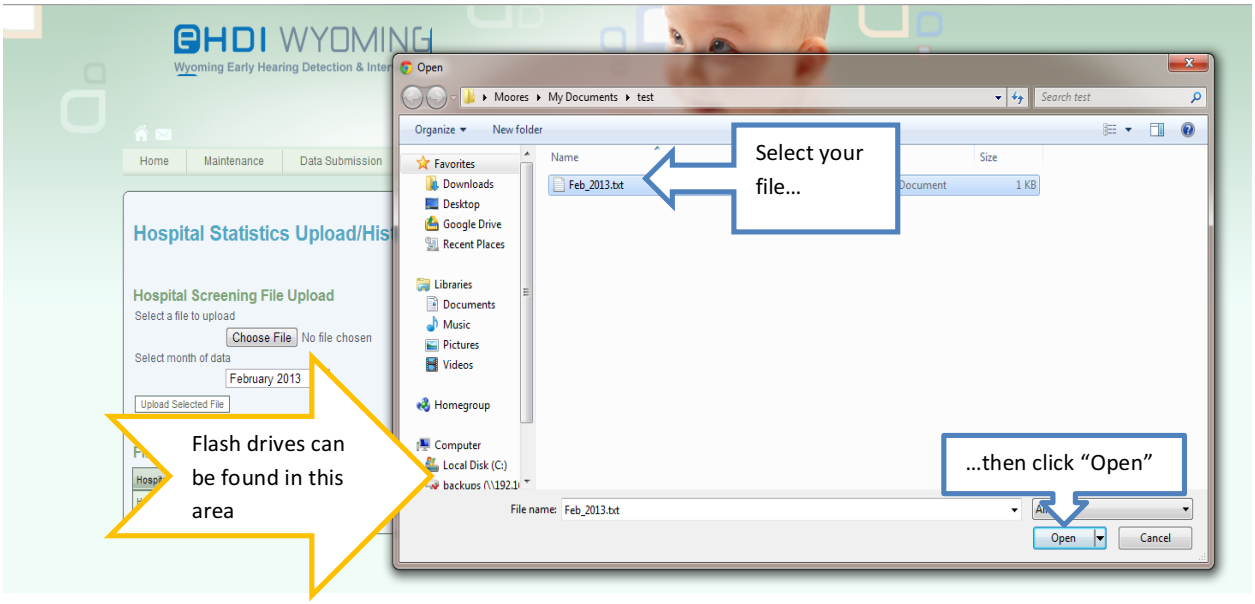




<u>Newborn Hearing Screening Data is due to the Wyoming EHDI Program by the 5th of each month.</u> For example, January's data needs to be submitted to the Wyoming EHDI – IS by February 5th. To submit your monthly data, you must first Log in to the Wyoming EHDI – IS. On the home page, hover over the top navigation item "Data Submission;" then in the dropdown menu, click on "Submit Monthly Data."

Step 1

Next, on the "Hospital Statistics Upload/History" page, begin the monthly data file upload process by clicking on the "Choose File" button to browse for your file.



Once you have clicked on the "Choose File" button, a file browse box will display. Navigate to where your file is located (i.e. My Computer, Removable Disk), select your data file for the appropriate month and click on the "Open" button. Your file format should remain as its original version (i.e. .txt).

Note: If your data files are on a flash drive, the flash drive can be found in the browse box side navigation under the heading "Computer." It is generally labeled as a Removable Disk.

Step 2

Once you have selected your file, select the month and year of the data for which you are uploading.

Step 3

Next, click on "Upload Selected File," to upload the file.

Step 4

After your file has been uploaded, you will receive the message "File successfully uploaded. Please add statistics." Also, the uploaded file will display in the "File Upload History" area. Check your computer screen to verify that the file has appeared.

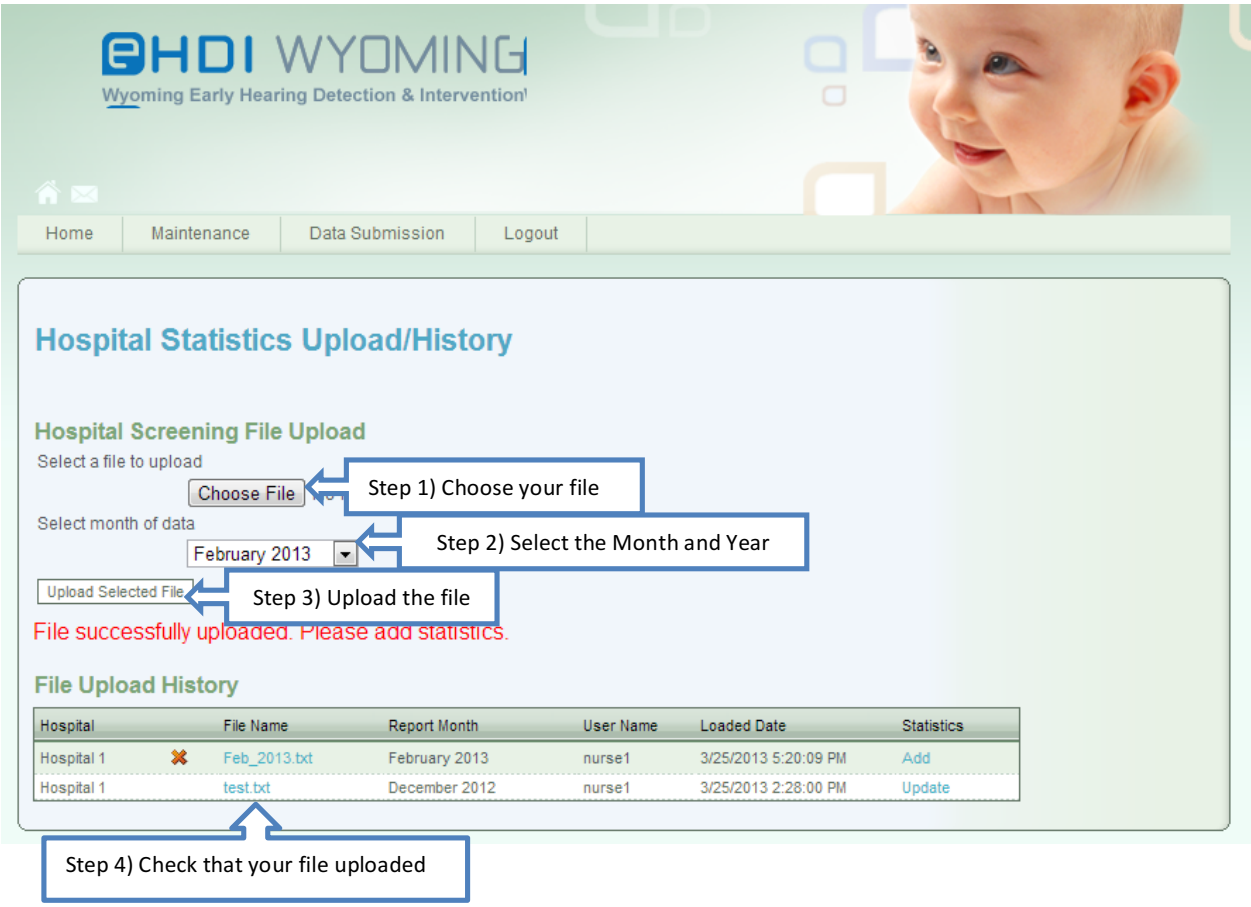
If you made an error, either by uploading the wrong file or choosing the incorrect month/year, you can cancel your upload by clicking on the "✖" next to the file name. Please note that once you have added statistics for the file, you will no longer have the ability to remove/cancel the file. If you have added statistics and then recognize a mistake has been made, contact the Wyoming EHDI office for assistance.

If your upload failed, you will get an error message giving you details as to what happened. If this occurs, try to upload the file again; if that does not work contact the Wyoming EHDI office by calling 307-721-6212 or 307-760-6625 and by e-mail at nancy.pajak@wyo.gov.

Note: If your hospital has two pieces of hearing screening equipment, you will need to upload a second data file. If you have a second data file, see the instructions on the section "Upload a Second Data File," in this manual. If you only have one file, skip to "Add Statistics." See the "Add Statistics" section of this manual for instructions on how to do so.

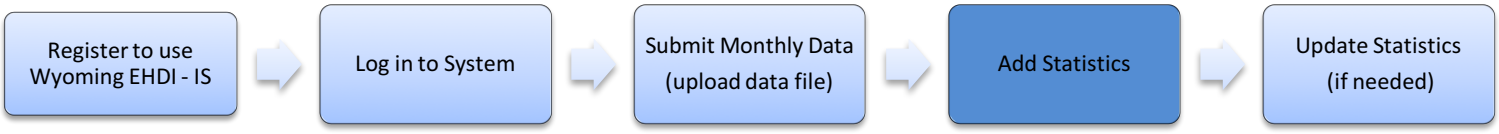
Upload a Second Data File

(Skip to "Add Statistics," if you only have one file)



Upload the second data file exactly as you uploaded the first data file (Steps 1-4). If you have a second file to upload, before moving to "Add Statistics," upload the second file by: 1) Clicking the "Choose File" button and then navigating to where your second file is located (i.e. My computer, Removable Disk) and select and open the file; 2) Once your file has been selected, select the correct month and year of the data; 3) Click the "Upload Selected File" button; 4) Check that you received the "File successfully uploaded. Please add statistics." message and that the second file displays in the "File Upload History." Once you have successfully uploaded your second data file, continue to "Add Statistics."

Add Statistics



Once you have uploaded your monthly data file, add statistics to the file. To begin, click on "Add" under the heading "Statistics." This will begin the statistics questionnaire. Please double check that you have uploaded the correct file and selected the correct month for this file before you start the questionnaire.

Note: If you have two data files, you will **only add statistics to ONE of the files that you uploaded—making sure that the statistics cover all children for that month for your hospital**.

You will find it helpful to have the information you need for the questionnaire compiled, before you log in to submit data. The information needed from your nursery each month is listed in the "Wyoming EHDI Hearing Screening Monthly Data Compilation Sheet" which you can find in the Appendix. You may find this data compilation form useful, as you gather and compile your newborn hearing screening data.

The submission of your monthly hearing screening data can be done more efficiently IF you have a system identified within your nursery which allows each newborn hearing screening status to be easily obtained. No one system works for all nurseries. Identifying a process that works for your nursery is more important than the process itself. It is most important that the system works for and is KNOWN, UNDERSTOOD, and USED by the nursery staff at your hospital.

Once you have clicked "Add," you will be taken through the statistics questionnaire. On the first screen of the questionnaire, please select the correct "Report Month" and then click on the "Next" button. The "Report Month" is the month of the downloaded raw data.

Section 1

In the first section, you are asked to enter the number of babies born in the hospital for the month you are reporting; and of those babies how many where NOT screened. Enter the number in the white data fields provided for you next to the question. After you have entered in the correct number click "Next." This will save your data and move you to the next question(s). If all babies born in that month were screened, you will move on to "Section 3: Babies Who WERE Screened," otherwise, proceed to "Section 2: Babies Who Were NOT Screened."

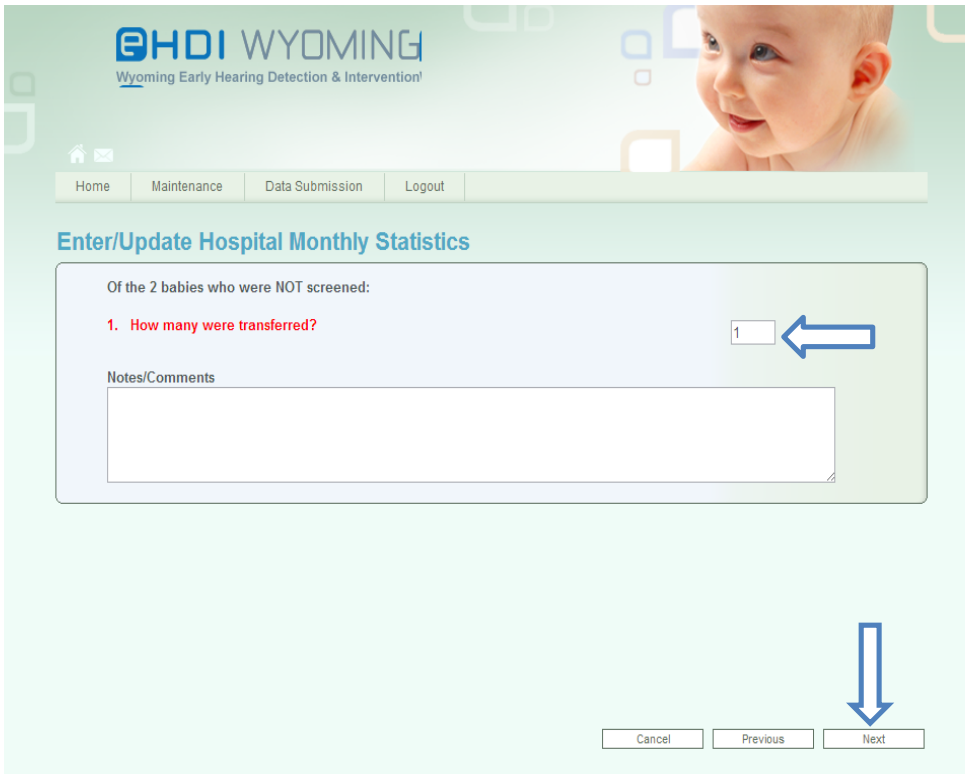
Note: you have the ability to add Notes/Comments as they pertain to each question. The Wyoming EHDI staff will see these notes; so, if there is something you would like to explain about the data, please use the Notes/Comments box.

You can go back to the previous questions by clicking the "Previous" button.

The "Cancel" button will exit the questionnaire and save all the data up until the last screen on which you have clicked the "Next" button. The intent of this feature is to allow you to exit the program and return to finish your work at a later time—if it becomes necessary.

<u>If you have not clicked "Next," the data will not be saved.</u>

Section 2: Babies Who Were NOT Screened



How many were transferred?

On the next screen, enter the number of babies who were NOT screened because they were transferred to another hospital, in the white data field.

When you are finished, click on the "Next" button.

If you entered zero (0), for "How many were transferred?" you will move on to the next question.

If you answered 1, or greater, to "How many were transferred?" you will then be asked to provide information regarding those children. Please provide the information for these children, in the white data fields provided.

When you are finished, click on the "Next" button.

How many parents/guardians WAIVED the hearing screening for their baby?

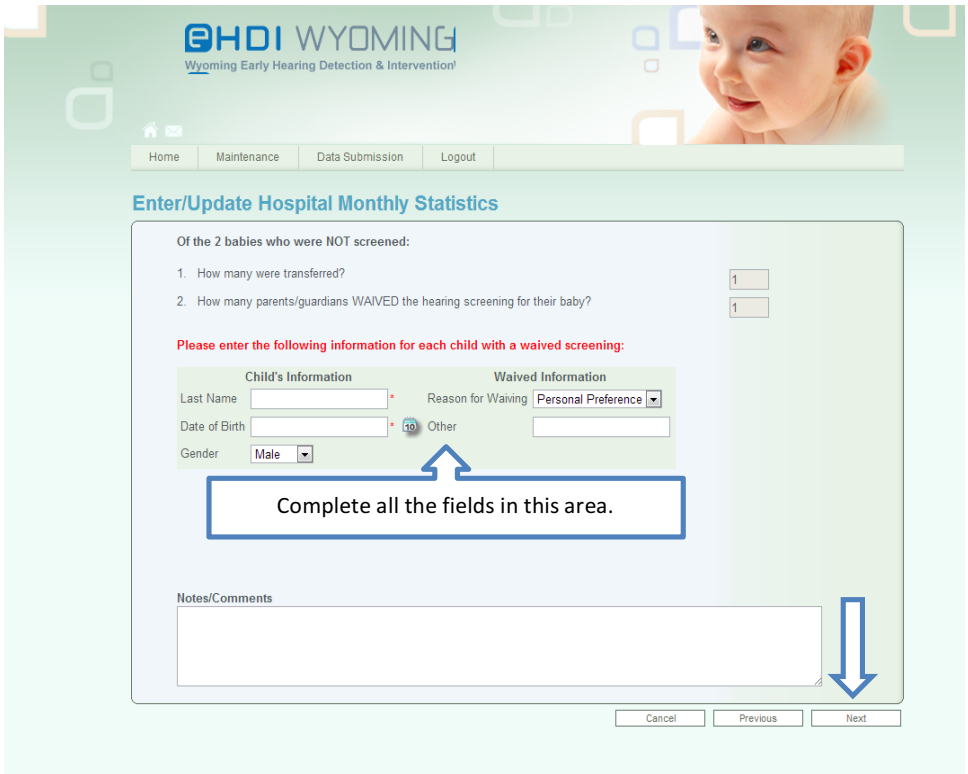
Enter the number of babies who were NOT screened because their parents/guardians waived the hearing screening, in the white data field next to the question.

When you are finished, click on the "Next" button.

If you entered zero (0), for "How many parents/guardians WAIVED the hearing screening for their baby?" you will move on to the next question.

If you answered 1, or greater, to "How many parents/guardians WAIVED the hearing screening for their baby?" you will then be asked to provide information on those children. Please fill out all the information for these children, in the white data fields provided.

When you are finished, click on the "Next" button.



How many died?

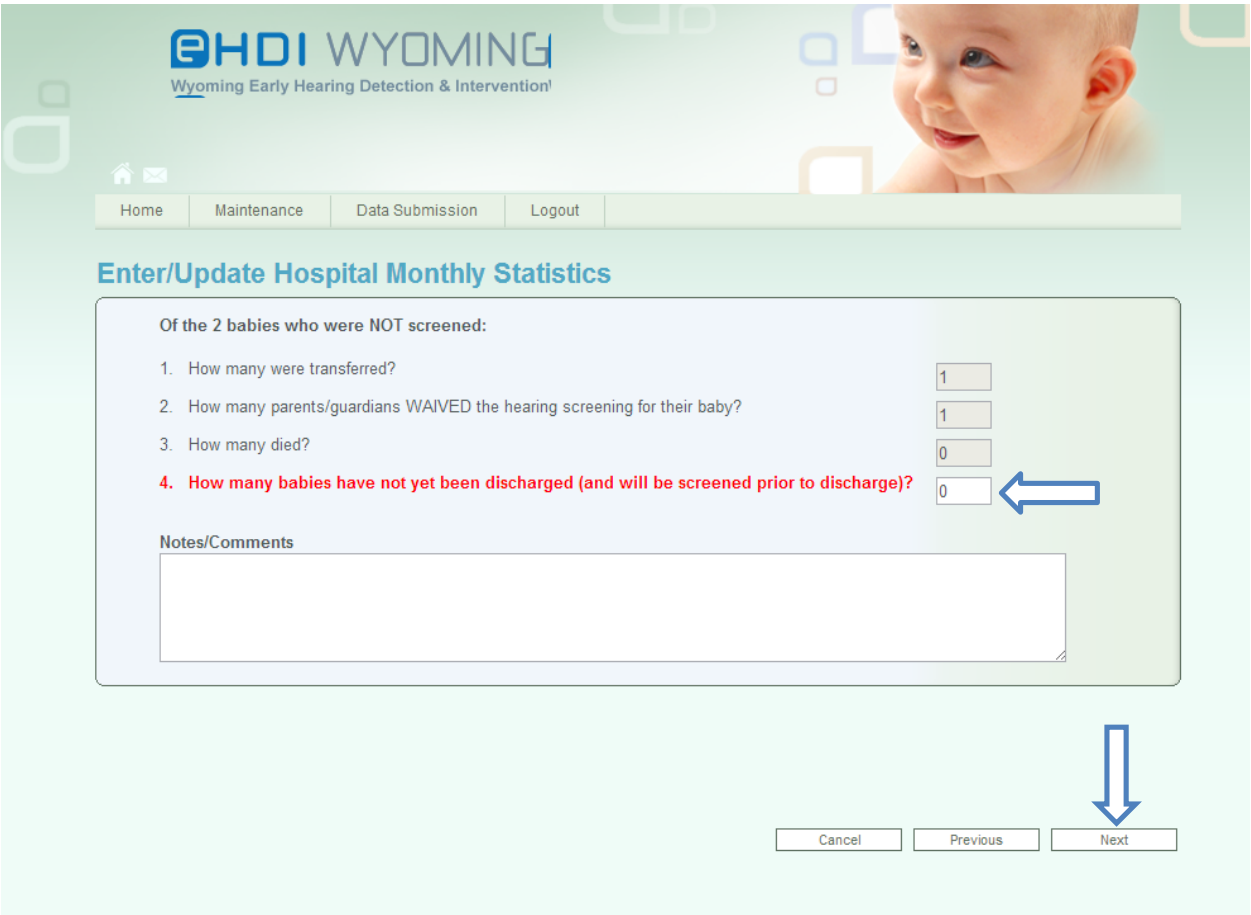
Next, you will be asked to enter the number of neonatal deaths/demise. Again, please use the white data field next to the question.

When you are finished, click on the "Next" button.

If you entered zero (0), for "How many died?" you will move on to the next question.

If you answered 1, or greater, to "How many died?" you will then be asked to provide the number of Males and Females who died. Please fill in the numbers to each statement, in the white data fields provided.

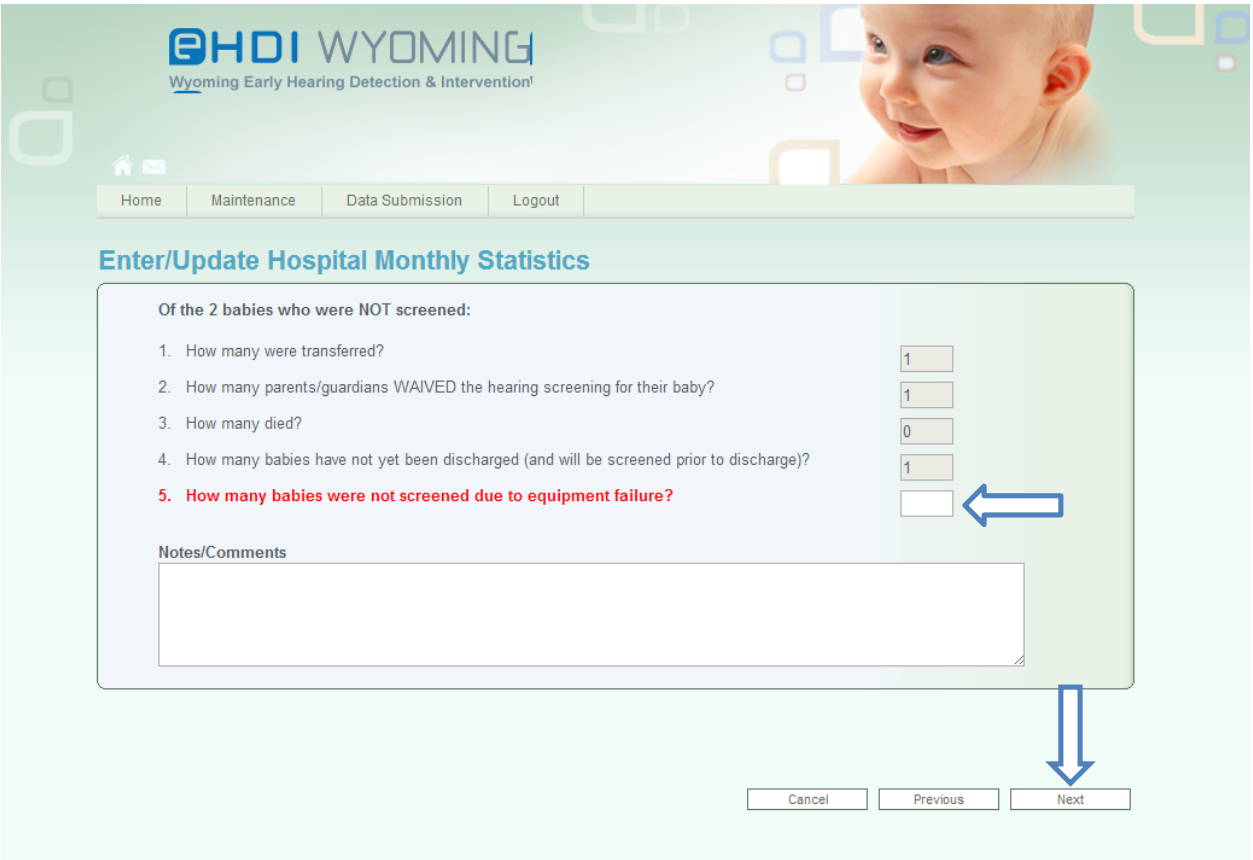
When you are finished, click on the "Next" button.



How many babies have not yet been discharged (and will be screened prior to discharge)?

On this screen, enter the number of babies who were NOT screened because they have not yet been discharged and will be screened prior to going home. Use the white data field next to the question, for your number.

When you are finished, click on the “Next” button.



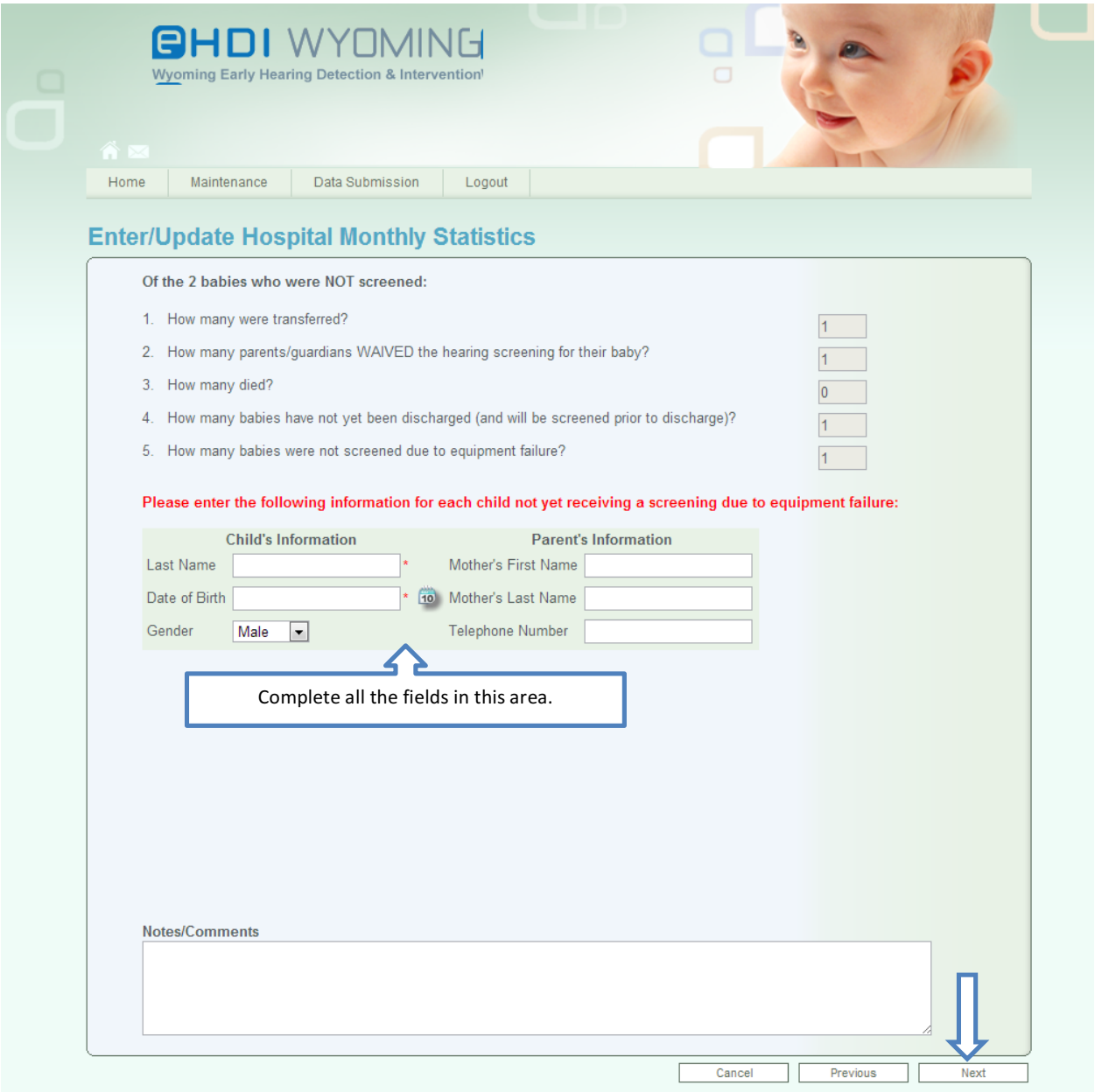
How many babies were not screened due to equipment failure?

Next, enter the number of babies who were NOT screened because of equipment failure, in the white data field next to the question.

When you are finished, click on the "Next" button.

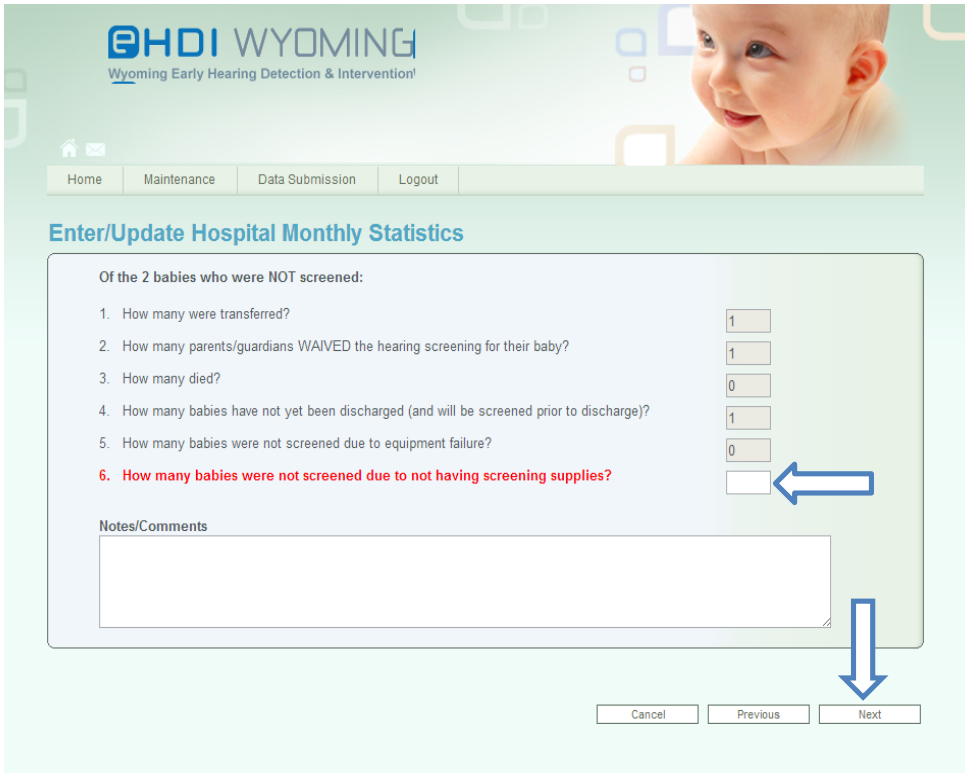
If you entered zero (0), for "How many babies were not screened due to equipment failure?" you will move on to the next question.

Note: When and if equipment problems arise, PLEASE call Natus Technical Service at 1-800-255-3901. Technical assistance is available 24/7. PLEASE do not wait to call Natus. They are the best resource of identifying and making a plan for returning the equipment to working order. Repairs or replacement parts and shipping charges will most often be covered by the Wyoming EHDI Program. If funds are needed for repairs, replacement parts or shipping, call the Wyoming EHDI office (307-721-6212 or 307-760-6625) for prior authorization. DO NOT leave the equipment in non-working condition. It is helpful to note the name of the Natus representative with whom you speak and pertinent information regarding the repair plan. Alert your nursery manager about the problems and provide the information resulting from your communication with Natus Technical Service.



If you answered 1, or greater, to "How many babies were not screened due to equipment failure?" you will be asked to provide more information on those children and their parent(s). Please fill in the answers to each question, in the white data fields provided.

When you are finished, click on the "Next" button.



How many babies were not screened due to not having screening supplies?

Next, enter the number of babies who were NOT screened due to not having screening supplies, in the white data field next to the question.

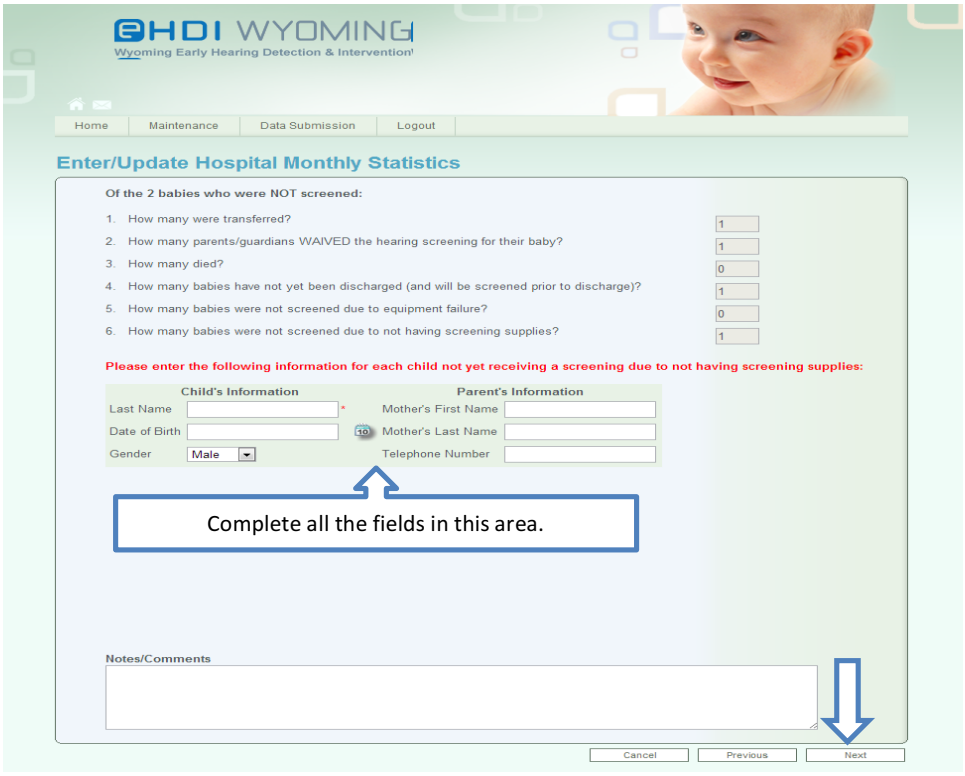
When you are finished, click on the "Next" button.

If you entered zero (0), for "How many babies were not screened due to not having screening supplies?" you will move on to the next question.

If you answered 1, or greater, to "How many babies were not screened due to not having screening supplies?" you will then be asked to provide more information on those children and their parent(s). Please fill in the answers to each question, in the white data fields provided.

When you are finished, click on the "Next" button.

Note: THIS SHOULD NOT HAPPEN. If your nursery is in need of supplies, call Wyoming EHDI (307-721-6212 or 307-760-6625). Supplies are shipped to each hospital annually in August.



How many babies were missed?

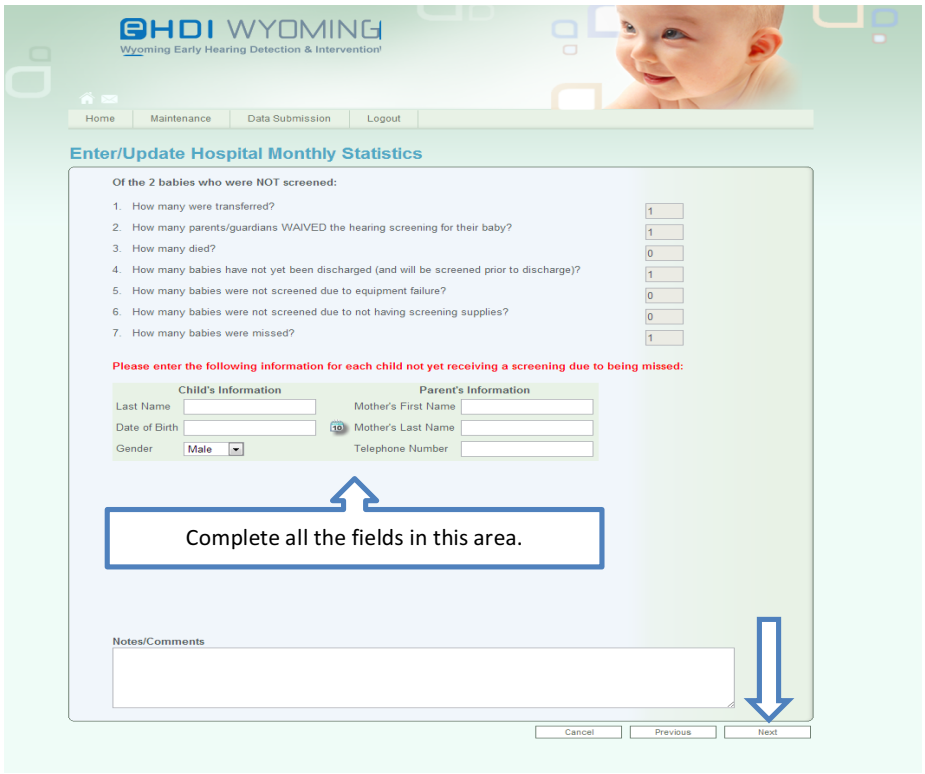
Next, enter the number of babies who were NOT screened because they were missed, in the white data field next to the question.

When you are finished, click on the "Next" button.

If you answered zero (0), for "How many babies were missed?" you will move on to the next question.

If you answered 1, or greater, to "How many babies were missed?" you will then be asked to provide more information on those children and their parent(s). Please fill in the answers to each question, in the white data fields provided.

When you are finished, click on the "Next" button.



How many babies were not screened due to other reasons?

Enter the number of babies who were NOT screened due to other reasons, in the white data field next to the question. Also, enter the reason the child(ren) was/were not screened in the Notes/Comments section.

When you are finished, click on the “Next” button.

If you entered zero (0), for “How many babies were not screened due to other reasons?” you will move on to the next section, “Section 3: Babies Who WERE Screened.”

If you answered 1, or greater, to "How many babies were not screened due to other reasons?" you will then be asked to provide more information on those children and their parent(s). Please fill in the answers to each question, in the white data fields provided. Enter the reason why each child has not yet received a screening, in the "Other" white data field provided.

When you are finished, click on the "Next" button.

You will then move on to the next section, "Section 3: Babies Who WERE Screened."

Section 3: Babies Who WERE Screened

Have any babies failed their INITIAL screening?

Once you have completed the portion of the questionnaire about the children not screened, you will be asked about the children screened. Answer the question "Have any babies failed their initial screen?" by clicking Yes or No.

When finished, click the "Next" button.

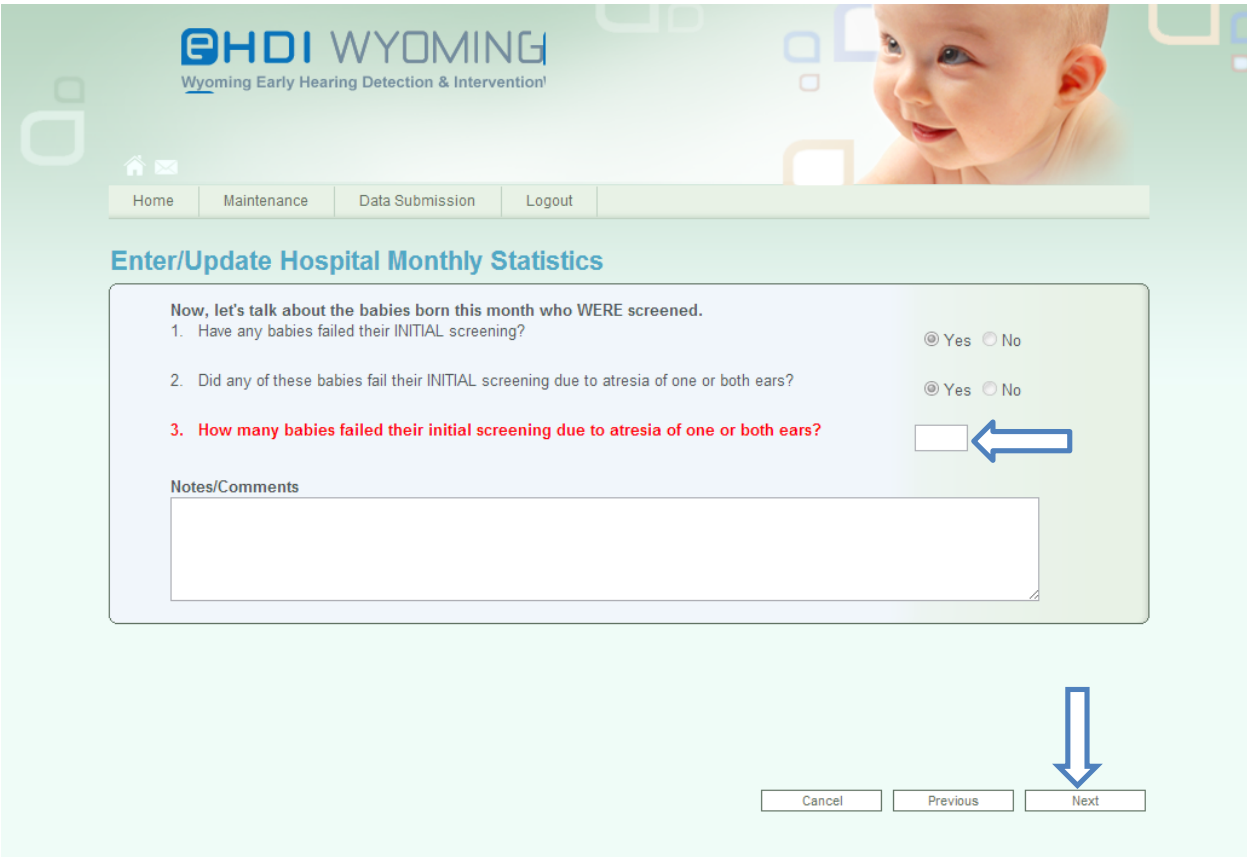
If you answered "No" to "Have any babies failed their INITIAL screening?" you will move on to Question 5; otherwise, you will proceed to the next question.

Did any of these babies fail their INITIAL screening due to atresia of one or both ears?

If you answered "Yes" to the previous question, you will then be asked, "Did any of those babies fail their INITIAL screening due to atresia of one or both ears?" Answer the question by clicking on Yes or No.

When finished click the "Next" button.

If you answered "No" to "Did any of these babies fail their INITIAL screening due to atresia of one or both ears?" you will move on to the question, "How many babies who failed their INITIAL screening this month still need to come back for their 7 – 10 DAY SCREENING?"; otherwise, proceed you will to the question, "How many babies failed their initial screening due to atresia of one or both ears?"



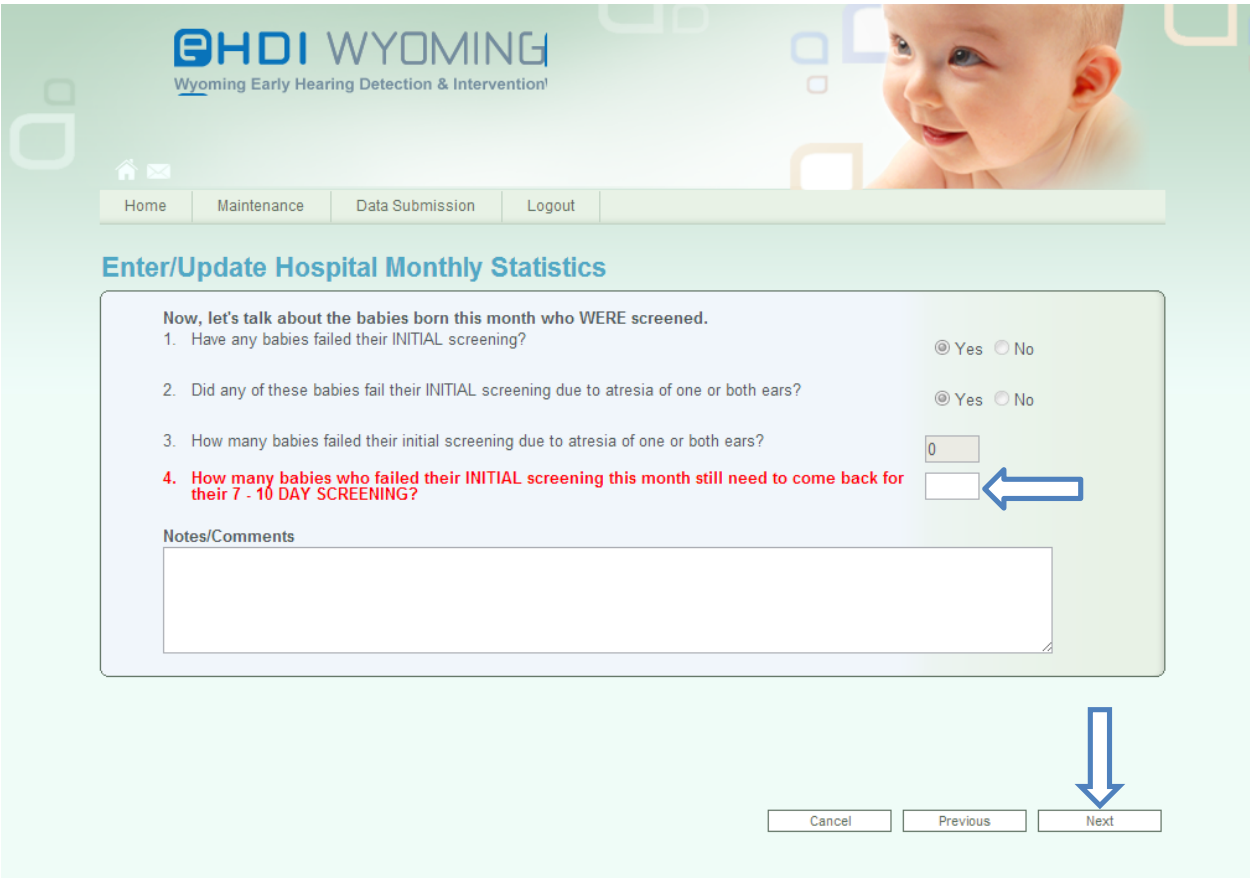
How many babies failed their initial screening due to atresia of one or both ears?

If you answered "Yes" to Question 2, you will then be asked to provide the number of babies who failed their initial screening due to atresia of one or both ears. Enter this number in the white data field, next to the question.

When finished, click on the "Next" button.

Once you have entered the number of babies who failed screening due to atresia, you will then be asked to provide additional information on each of those children and their parent(s). Enter the information requested in the white data boxes next to each information field.

Once you have completed all the information requested, click the “Next” button.

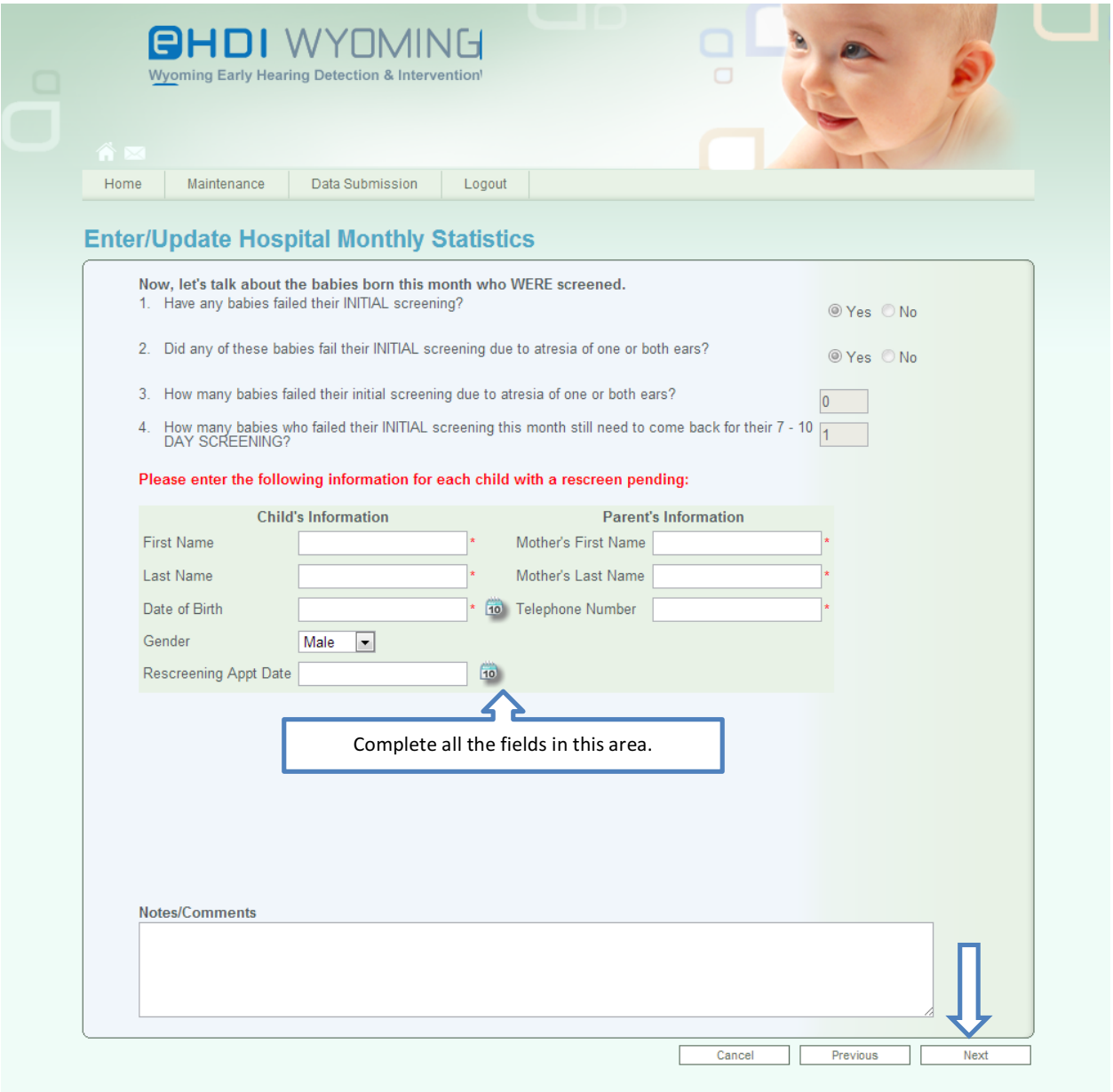


How many babies who failed their INITIAL screening this month still need to come back for their 7-10 DAY SCREENING?

Enter the number of babies who failed their initial screening this month and still need to come back for their 7-10 day screening, in the white data box next to the questions.

When finished, click on the "Next" button.

If you entered zero (0), for "How many babies who failed their INITIAL screening this month still need to come back for their 7-10 DAY RESCREENING?" you will move on to the next question.



If you entered 1, or greater, to the number of babies who failed their initial screening this month and still need to come back for their 7-10 day screening, you will then be asked for additional information on those children. Enter the information requested on those children in the white data boxes next to each information field.

Once you have completed all the information requested, click the “Next” button.

Have any babies failed their RESCREENING during this month?

Next, you will be asked, “Have any babies failed their RESCREENING this month?” To answer the question, select either Yes or No, next to the question.

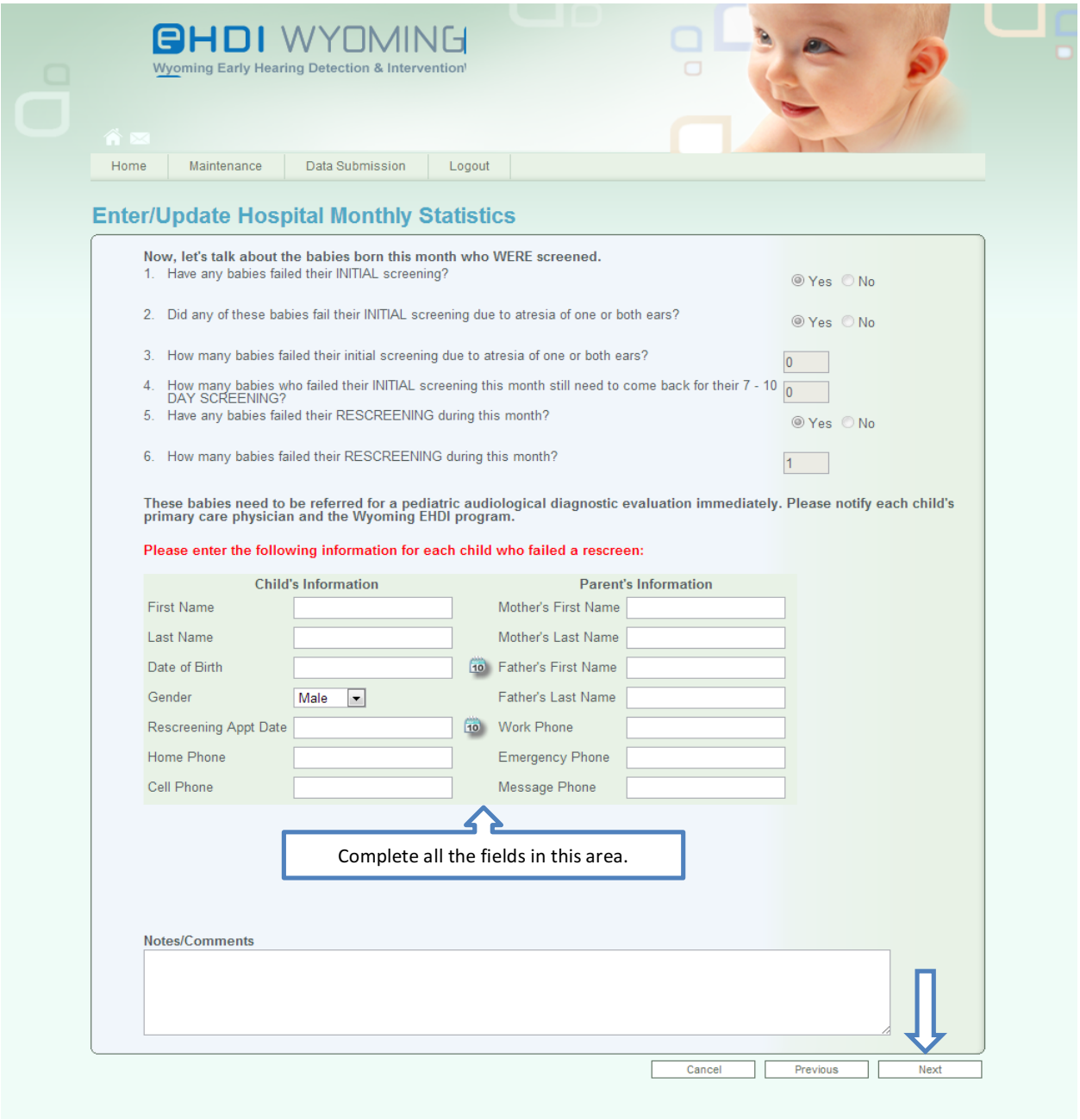
When finished click the “Next” button.

If you answered “No”, to “Have any babies failed their RESCREENING during this month?” you will move on to the next section, “Section 4: Additional Information.”

How many babies failed their RESCREENING during this month?

If you answered "Yes" to, "Have any babies failed their RESCREENING during this month?" you will then be asked to provide the number of babies who failed their rescreening. Enter the number of babies who failed, in the white data box next to the question.

When finished, click the "Next" button.



If you answered 1, or greater, to "How many babies failed their RESCREENING during this month?" you will be asked to provide additional information on each of those children. Enter the information requested on each child, in the white data box.

When you are finished, click on the "Next" button.

Note: When a baby fails a RESCREENING at any time during the month, please complete a Failed Hearing Rescreening Form and submit it to the Wyoming EHDI Program immediately. Forms may be submitted via fax at 307-721-6313 or phone at 307-721-6212. This provides an opportunity for infants to receive critical, timely, and appropriate pediatric audiology follow-up.

Section 4: Additional Information

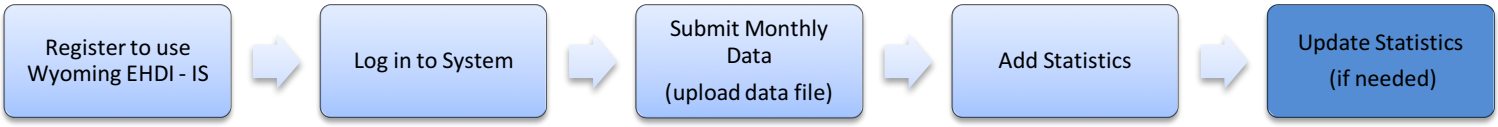
What else do you want us to know?

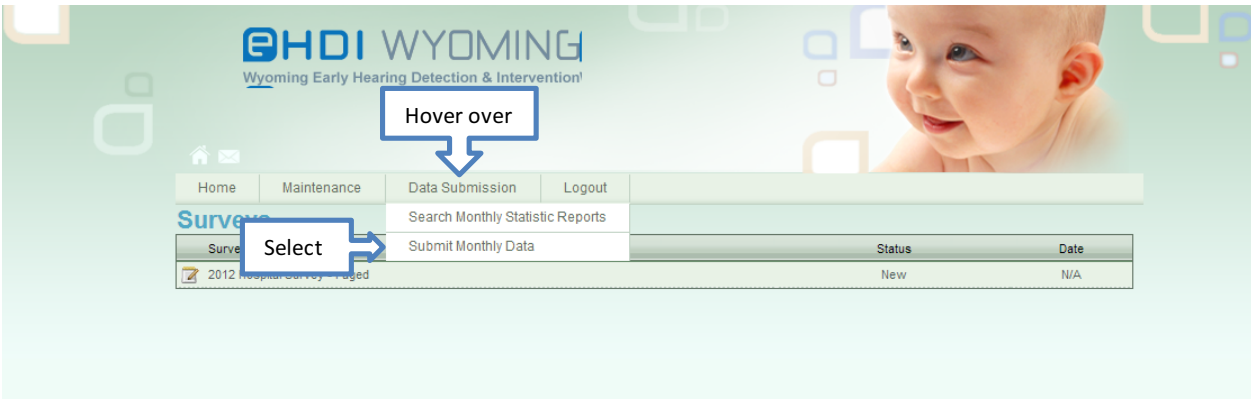
The final question provides the option to share anything else you think the Wyoming EHDI staff should know about the data you are submitting. Please enter any additional information you would like the staff to know, in the white text box below the question.

When finished, click the “Next” button.

This completes the “Add Statistics” section.

Update Statistics



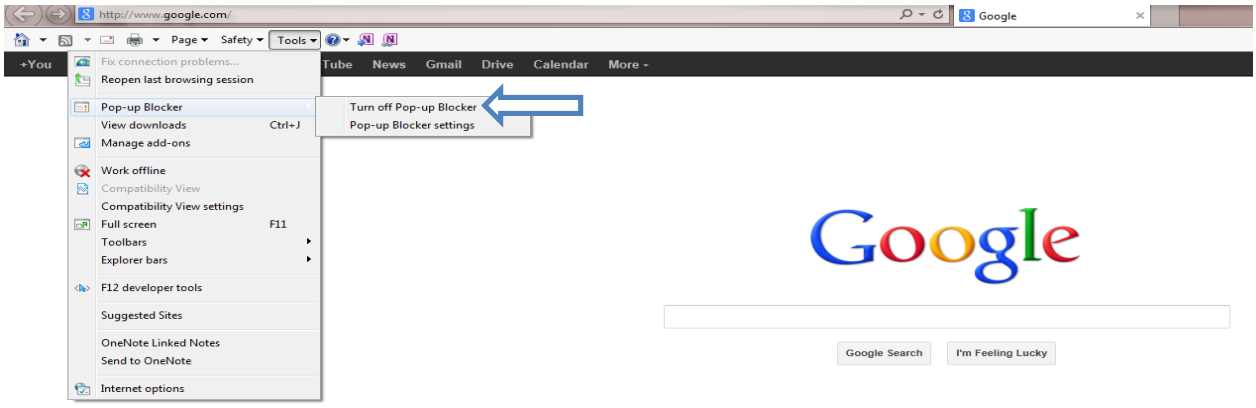


If you should need to update your data for any reason (i.e. add a phone number, name) or you notice a statistic was entered incorrectly, you can update the statistics. To do this, Log in to the Wyoming EHDI – IS, hover over the top navigation item “Data Submission” and in the dropdown menu, click on “Submit Monthly Data.”

On the "Hospital Statistics Upload/History" screen, locate the file for which you want to update the statistics and click on "Update" for that particular file.

On the "Import Monthly Statistics" screen, click on the "Update Import Statistics" button to update the statistics for this import. In addition, on this page you can also view a summary of your report by clicking on the "View Report" button as well as return to the "Hospital Statistics Upload/History" screen by clicking on the "Previous Screen" button.

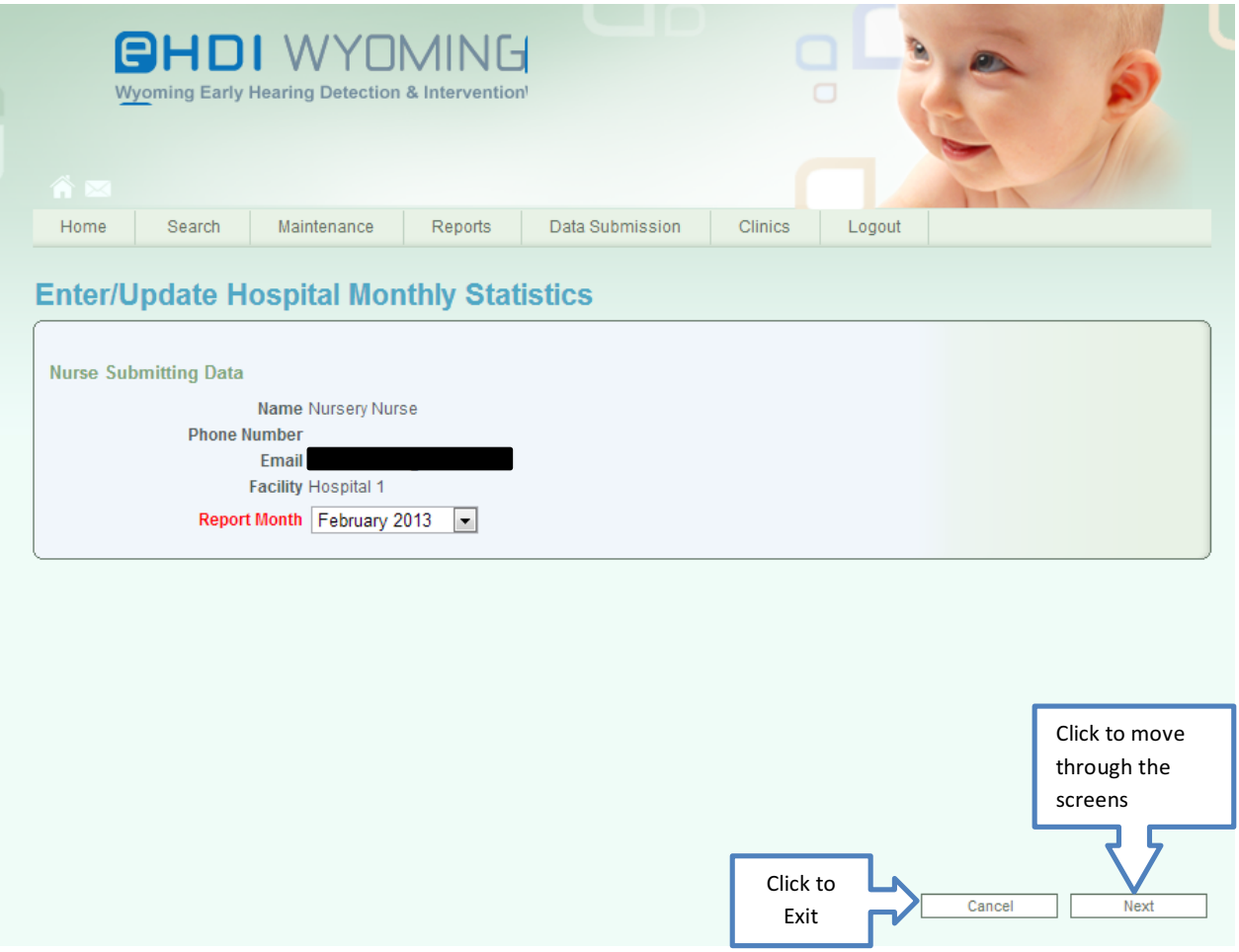
Please note: If you select "View Report" and you do NOT see the report come up, you may have Pop-ups blocked. You will need to unblock them for this website to see the report.



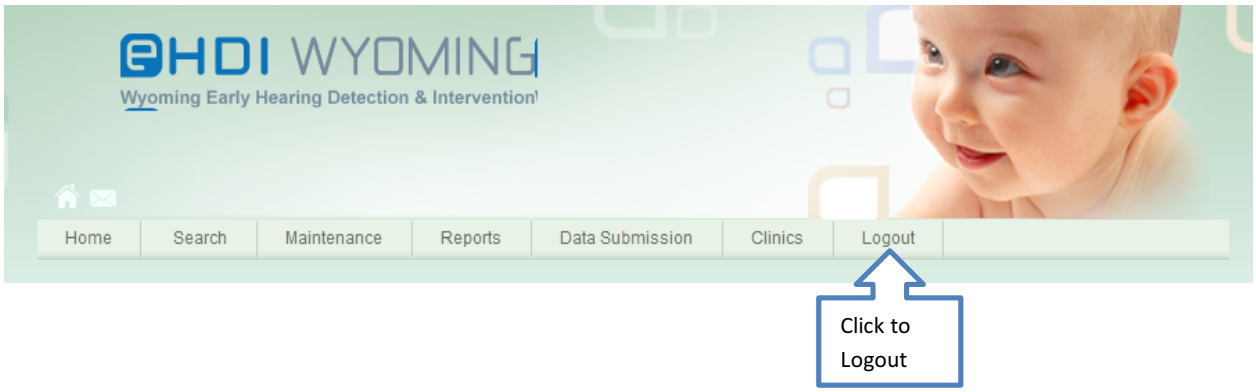
If you are using Internet Explorer for your web browser, you can unblock the Pop-up by clicking on "Tools" in your browser tool bar; hovering over "Pop-up Blocker;" and then clicking on "Turn off Pop-up Blocker."

If you are using Google Chrome for your web browser, when a pop-up is blocked on a webpage, a notepad like icon with an "✘" in the corner will display in the website address bar on the far right hand side. Click on the icon.

Once you have clicked on the Pop-up blocker icon, you will be given the option to "Always allow pop-ups from https://ehdi.health.wyo.gov." Click on this option and then click on the "Done" button. You may need to push the "View Report" button again, to get the report to display.



Once you have selected "Update Imported Statistics," you will be taken to the first page of the questionnaire. Navigate through the questionnaire by clicking on the "Next" button until you get to the screen you need to update. Make the adjustments in the appropriate data field of the appropriate screen and be sure to click the "Next" button to save your changes. Once you have made the necessary changes and have clicked the "Next" button, you can then click on the "Cancel" button to exit the statistics questionnaire.



Once your work is completed in the Wyoming EHDI – IS, logout of the system by clicking on “Logout” in the top navigation bar.

Appendix:
Wyoming EHDI Hearing Screening Monthly Data Compilation Sheet

WYOMING EHDI HEARING SCREENING MONTHLY DATA COMPILATION SHEET

For your convenience, the Wyoming EHDI Program has developed this Hearing Screening Monthly Data Compilation Sheet. You may find a paper copy of this form helpful as you gather your monthly hearing screening statistics/information. Below, you will find the questions that comprise the Statistics Questionnaire in the Wyoming EHDI – Information System.

Month: _____ Year: _____

Section 1

1. **Please tell us how many babies were born at your hospital this month?** _____

2. **Of the babies born at your hospital this month, please tell us how many were NOT screened?** _____

If all babies were screened, you may skip the Section 3.

Section 2

Of the babies who were <u>NOT</u> screened:

1. How many were transferred? _____

Please enter the following information for each child transferred:

Last Name:	Mother's First Name:
DOB:	Mother's Last Name:
Gender: M F	Telephone Number:
Transfer Hospital: Check one ☐ Benefis Healthcare – Great Falls, MT ☐ Billings Clinic/Deaconess Medical – Billings, MT ☐ Children's Hospital Colorado – Aurora, CO ☐ Eastern Idaho Regional Medical Center – Idaho Falls, ID ☐ Intermountain Medical Center – Murray, UT ☐ LDS Hospital – Salt Lake City, UT ☐ McKay-Dee Hospital Center - Ogden, UT ☐ Out of State – Other ☐ Poudre Valley Hospital – Fort Collins, CO	☐ Presbyterian St. Luke's Medical Center – Denver, CO ☐ Primary Children's Medical Center – Salt Lake City, UT ☐ Rapid City Regional Hospital – Rapid City, SD ☐ Regional West Medical Center – Scottsbluff, NE ☐ St. Mark's Hospital – Salt Lake City, UT ☐ St. Vincent Healthcare – Hardin, MT ☐ U. Of Colorado Health Science Center – Denver, CO ☐ U. of Utah Health Science Center – Salt Lake City, UT ☐ Utah Valley Medical Center – Provo, UT

Last Name:	Mother's First Name:
DOB:	Mother's Last Name:
Gender: M F	Telephone Number:

Transfer Hospital: Check one

- ☐ Benefis Healthcare – Great Falls, MT
- ☐ Billings Clinic/Deaconess Medical – Billings, MT
- ☐ Children's Hospital Colorado – Aurora, CO
- ☐ Eastern Idaho Regional Medical Center – Idaho Falls, ID
- ☐ Intermountain Medical Center – Murray, UT
- ☐ LDS Hospital – Salt Lake City, UT
- ☐ McKay-Dee Hospital Center - Ogden, UT
- ☐ Out of State – Other
- ☐ Poudre Valley Hospital – Fort Collins, CO
- ☐ Presbyterian St. Luke's Medical Center – Denver, CO
- ☐ Primary Children's Medical Center – Salt Lake City, UT
- ☐ Rapid City Regional Hospital – Rapid City, SD
- ☐ Regional West Medical Center – Scottsbluff, NE
- ☐ St. Vincent Healthcare – Hardin, MT
- ☐ U. Of Colorado Health Science Center – Denver, CO
- ☐ U. of Utah Health Science Center – Salt Lake City, UT
- ☐ Utah Valley Medical Center – Provo, UT

Last Name:	Mother's First Name:
DOB:	Mother's Last Name:
Gender: M F	Telephone Number:

Transfer Hospital: Check one

- ☐ Benefis Healthcare – Great Falls, MT
- ☐ Billings Clinic/Deaconess Medical – Billings, MT
- ☐ Children's Hospital Colorado – Aurora, CO
- ☐ Eastern Idaho Regional Medical Center – Idaho Falls, ID
- ☐ Intermountain Medical Center – Murray, UT
- ☐ LDS Hospital – Salt Lake City, UT
- ☐ McKay-Dee Hospital Center - Ogden, UT
- ☐ Out of State – Other
- ☐ Poudre Valley Hospital – Fort Collins, CO
- ☐ Presbyterian St. Luke's Medical Center – Denver, CO
- ☐ Primary Children's Medical Center – Salt Lake City, UT
- ☐ Rapid City Regional Hospital – Rapid City, SD
- ☐ Regional West Medical Center – Scottsbluff, NE
- ☐ St. Mark's Hospital – Salt Lake City, UT
- ☐ St. Vincent Healthcare – Hardin, MT
- ☐ U. Of Colorado Health Science Center – Denver, CO
- ☐ U. of Utah Health Science Center – Salt Lake City, UT
- ☐ Utah Valley Medical Center – Provo, UT

2. How many parents/guardians WAIVED the hearing screening for their baby? _____

Please enter the following information for each child with a waived screening:

Last Name:	Reason for Waiving ☐ Financial ☐ Religious ☐ Personal Preference ☐ Unknown ☐ Other: _____
DOB:	
Gender: M F	

Last Name:	Reason for Waiving ☐ Financial ☐ Religious ☐ Personal Preference ☐ Unknown ☐ Other: _____
DOB:	
Gender: M F	

Last Name:	Reason for Waiving ☐ Financial ☐ Religious ☐ Personal Preference ☐ Unknown ☐ Other: _____
DOB:	
Gender: M F	

3. **How many died? _____ Number of Males _____ Number of Females**

4. **How many babies have not yet been discharged (and will be screened prior to discharge)? _____**

5. **How many babies were not screened due to equipment failure? _____**

Please enter the following information for each child not yet receiving a screening due to equipment failure:

Last Name:	Mother's First Name:
DOB:	Mother's Last Name:
Gender: M F	Telephone Number:

Last Name:	Mother's First Name:
DOB:	Mother's Last Name:
Gender: M F	Telephone Number:

Last Name:	Mother's First Name:
DOB:	Mother's Last Name:
Gender: M F	Telephone Number:

6. How many babies were not screened due to not having screening supplies? _____

Please enter the following information for each child not yet receiving a screening due to not having screening supplies:

Last Name:	Mother's First Name:
DOB:	Mother's Last Name:
Gender: M F	Telephone Number:

Last Name:	Mother's First Name:
DOB:	Mother's Last Name:
Gender: M F	Telephone Number:

Last Name:	Mother's First Name:
DOB:	Mother's Last Name:
Gender: M F	Telephone Number:

7. How many babies were missed? _____

Please enter the following information for each child not yet receiving a screening due to being missed:

Last Name:	Mother's First Name:
DOB:	Mother's Last Name:
Gender: M F	Telephone Number:

Last Name:	Mother's First Name:
DOB:	Mother's Last Name:
Gender: M F	Telephone Number:

Last Name:	Mother's First Name:
DOB:	Mother's Last Name:
Gender: M F	Telephone Number:

8. How many babies were not screened due to other reasons? _____

Please enter the following information for each child not yet receiving a screening due to other reasons:

Last Name:	Mother's First Name:
DOB:	Mother's Last Name:
Gender: M F	Telephone Number:
Reason not screened:	

Last Name:	Mother's First Name:
DOB:	Mother's Last Name:
Gender: M F	Telephone Number:
Reason not screened:	

Last Name:	Mother's First Name:
DOB:	Mother's Last Name:
Gender: M F	Telephone Number:
Reason not screened:	

Section 3

Of the babies who <u>WERE</u> screened:

1. **Have any babies failed their INITIAL screening?** ○ Yes ○ No

2. **Did any of these babies fail their INITIAL screening due to atresia of one or both ears?** ○ Yes ○ No

3. **How many babies failed their initial screening due to atresia of one or both ear?** _____

Babies with atresia are not rescreened but instead are sent directly for a diagnostic evaluation. Who are they?

First Name:	Mother's First Name:
Last Name:	Mother's Last Name:
DOB:	Telephone Number:
Gender: M F	

First Name:	Mother's First Name:
Last Name:	Mother's Last Name:
DOB:	Telephone Number:
Gender: M F	

First Name:	Mother's First Name:
Last Name:	Mother's Last Name:
DOB:	Telephone Number:
Gender: M F	

4. **How many babies who failed their INITIAL screening this month still need to come back for their 7-10 DAY SCREENING?** _____

Please enter the following information for each child with a rescreen pending:

First Name:	Mother's First Name:
Last Name:	Mother's Last Name:
DOB:	Telephone Number:
Gender: M F	Rescreening Appointment Date:

First Name:	Mother's First Name:
Last Name:	Mother's Last Name:
DOB:	Telephone Number:
Gender: M F	Rescreening Appointment Date:

First Name:	Mother's First Name:
Last Name:	Mother's Last Name:
DOB:	Telephone Number:
Gender: M F	Rescreening Appointment Date:

5. Have any babies failed their RESCREENING during this month? ○ Yes ○ No

6. How many babies failed their RESCREENING during this month? _____

For each baby who failed their rescreening, please provide the following information:

First Name:	Mother's First Name:
Last Name:	Mother's Last Name:
DOB:	Father's First Name:
Gender: M F	Father's Last Name:
Rescreening Appointment Date:	Work Phone:
Home Phone:	Emergency Phone:
Cell Phone:	Message Phone:

First Name:	Mother's First Name:
Last Name:	Mother's Last Name:
DOB:	Father's First Name:
Gender: M F	Father's Last Name:
Rescreening Appointment Date:	Work Phone:
Home Phone:	Emergency Phone:
Cell Phone:	Message Phone:

First Name:	Last Name:
DOB:	Gender: M F
Rescreening Appt. Date:	Home phone:
Cell phone:	Mother's First Name:
Mother's Last Name:	Father's First Name:
Father's Last Name:	Work Phone:
Emergency Phone:	Message Phone:

Section 4

What else do you want us to know?

_____

_____

_____

THANK YOU!

Again, the Wyoming EHDI staff thanks you for helping us serve the children of Wyoming. Your entry of this data is critical to help children with hearing loss be identified at the earliest possible age. If you should have any questions or comments, please feel free to contact the Wyoming EHDI office. We appreciate all your hard work.

Wyoming EHDI Program

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Laramie, WY 82072

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Fax: 307-721-6313

E-mail: nancy.pajak@wyo.gov