



Wyoming eHDI Tracking Software

for
Late Onset Hearing Loss
Hearing Screenings

USER'S MANUAL

August 2013

ehdi.health.wyo.gov

Wyoming Early Hearing Detection & Intervention (EHDI) Program
715 Shield Street · Laramie, WY 82072
Phone: (307) 721-6212 · Website: www.wyomingehdi.org

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I. Welcome

Welcome to the Wyoming Early Hearing Detection and Intervention (EHDI) Program Tracking Software for Newborn and Childhood Hearing Screenings User's Manual. The EHDI Program is designed to ensure that all children with hearing loss are identified as early as possible and provided with timely and appropriate management.

Notes:

II. About EHDI

The EHDI program is made up of five (5) basic components:

- 1. Newborn Hearing Screening:** All Wyoming newborns should be screened for hearing loss prior to leaving the hospital at the time of their birth.
- 2. Hearing Screening for Infants, Toddlers and Preschoolers:** This component targets identification of hearing loss that occurs after the newborn leaves the hospital but develops prior to entry into kindergarten (Late Onset Hearing Loss, LOHL). These screenings are available at no charge from the Child Development Centers within Wyoming. Children who fail the screenings are referred to their primary care physician and/or for audiological follow-up.
- 3. Audiological Diagnosis:** Children referred from their hearing screenings should receive a follow-up diagnostic medical and/or audiological evaluation as soon as possible after the referral from their failed hearing screenings is made.
- 4. Early Intervention:** When appropriate, children identified with a hearing loss after receiving a diagnostic audiological evaluation should be enrolled in an appropriate intervention program. Intervention will facilitate speech-language acquisition, academic achievement, and social and emotional development.
- 5. Tracking and Surveillance Software:** The purpose of the EHDI Tracking Software is to ensure appropriate screening, follow-up and referral processes for all children who receive a hearing screening.

The goal of EHDI is to provide better outcomes for children with hearing loss and their families through early screening, diagnosis, intervention and tracking.

III. Contact Us

Notes:

If you have any questions or want more information regarding hearing, hearing screening, and/or hearing loss in children please contact:

Wyoming EHDI Program Staff

Nancy Pajak, Director

Sarah Fitzgerald, Follow-up Coordinator

Susan Fischer, Specialty Clinic Coordinator

Joshua Kollaja, Education & Awareness Coordinator

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Laramie, WY 82072

Phone: (307) 721-6212

Fax: (307) 721-6313

Email: nanpajak@aol.com

Website: www.wyomingehdi.org

Wyoming Department of Health

Developmental Disabilities Division (800) 510-0280

Wyoming Department of Education

Outreach Consultants for Deaf/Hard of Hearing Program

(307) 777-6376

Your Health Care Provider

The following websites have additional information regarding hearing loss:

www.infanthearing.org

www.babyhearing.org

IV. How to Log into the EHDI Tracking Software

Notes:

1. Using an Internet web browser, go to the following website: <http://ehdi.health.wyo.gov>.
2. Enter User Name
 - i. This information will be the same user name and password you provided on the HIPAA paperwork you completed and returned to the Wyoming EHDI Program.
 - ii. **Appropriate HIPPA paperwork must be completed before you are able to access the database.** (See Appendix E)
 - iii. If you need to create a user name, password, and sign the HIPPA paperwork, the necessary forms can be found at the back of this manual. You may also download the forms at www.wyomingehdi.org. Fax or mail completed forms to the Wyoming EHDI Program at 307-721-6313 or 715 Shield Street, Laramie, WY 82072.
3. Enter Password
 - i. Note: Password is case sensitive.
 - ii. Note: You will be locked out of the system if you enter an incorrect password more than three (3) times and will have to contact the Wyoming EHDI Program at (307) 721-6212 or email nanpajak@aol.com.
4. Click the “Log In” button



5. If you have forgotten your password please contact the Wyoming EHDI Program at (307) 721-6212 or email nanpajak@aol.com.

NOTE: Before logging into the database please verify all data and hearing screening forms are complete to ensure successful and proper entry into the database. You must be a registered user before you will be allowed access to the EHDI tracking system.

V. Searching for a Child

Notes:

Before entering a child's Late Onset Hearing Loss (LOHL) screening results into the system, you must first find the child in the database.

1. Use the search function to locate a child in the database. Scroll over the "Search" tab at the top of the screen and then click on "Search by Child."



2. Enter the **child's last name, date of birth, and gender.** These three fields are **required** and the must be entered in order to complete your search. Once these fields are entered, click on "Search." (Note: Once a child has been added to the database under your user name, you can henceforth search for that particular child using only his/her last name).


Child Search

Last Name Date of Birth 

Sex ☒ Male ☐ Female

3. If child is in the database, his/her name will appear at the bottom of the screen. Click on the child's last name to view information and/or to add screening results for that particular child. Continue to step VII on page 8 to add hearing screening results.

Child Search

Last Name Date of Birth 

Sex ☒ Male ☐ Female

Last Name	First Name	DOB	Sex	Hospital
Smith	Bob	1/1/2005	Male	Ivinson Memorial Hospital

VI. Adding a Child

Notes:

If a child is **not** found in the database using the search function, you will need to “add” him/her before recording their LOHL screening results into the system.

1. You can add the child into the database using one of two methods: “Quick Add” and “Add Child.”
2. After searching for the child (see step V on page 6) and receiving the message: *No children match search criteria*, click on either “Quick Add” or “Add Child.” (Note: The child’s Last Name, **First Name**, DOB, and Gender MUST be entered before clicking on “Quick Add”).

Child Search

Child Search

Last Name

Sex ☒ Male ☐ Female

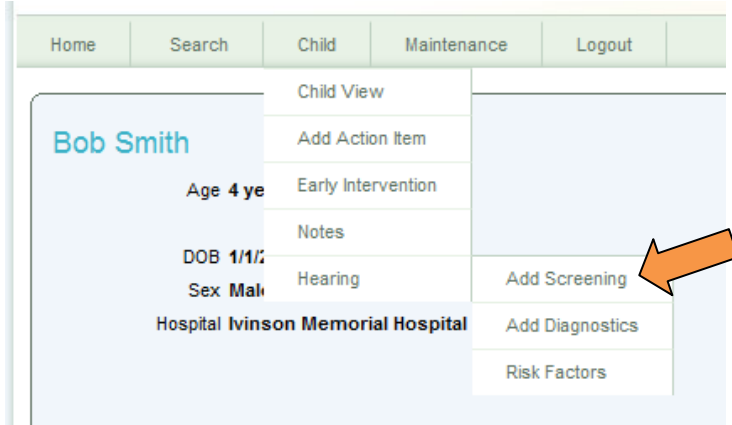
- a. “Quick Add” – This option allows you to skip the child’s demographic page (adding address, phone number, etc) and go straight to adding the child’s LOHL screening results. Continue to Step VII on page 9 for information on how to enter child’s screening results.
- b. “Add Child” – The “Add Child” option will take you to the child’s demographic page. Here you may enter the child’s address, parent/guardian information, doctor information, etc. You don’t need to complete every field, but the more information you have for the child, the better, especially if the child is in need of follow-up screenings. (Note: If the child is in need of follow-up screenings, it is recommended that you use the “Add Child” option vs. the “Quick Add” option).
 - i. After you have entered the child’s demographic information, click on “Add Child” at the bottom of the screen to add the child into the database.
 - ii. Continue to step VII on page 9 for information on how to enter child’s LOHL screening results.

VII. Entering LOHL Hearing Screening Results

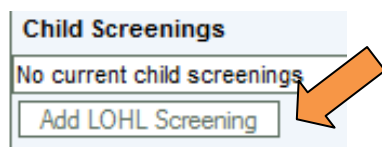
Notes:

After locating a child using the search function and/or adding a child into the database, you are now ready to enter the child's LOHL screening results into the system.

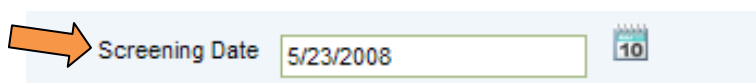
1. After you have found a child using the search option or after you have added a child using the "Add Child" option, scroll over the "Child" tab at the top of the page, scroll over "Hearing," and then click on "Add Screening." (Note: To enter LOHL screening results using the "Quick Add" option, you can skip this step. Once you add a child using the "Quick Add" option, you will already be on the "Add Screening" page).



You can also click on "Add LOHL Screening."



2. Enter the screening results for the child by using the drop-down boxes. This information can be found on the child's Hearing Screening Results Form (Appendix A on pages 44-45). **Please enter the results into the database just as it appears on the form.**
3. Enter the "Screening Date." (Note: This is **not** the date the results are entered into the database. It is the date the child's hearing was screened). You can enter the date manually or click on the calendar and select the date from there.



- Notes:**

5. Use the drop-down menu to select the “Screener.” This is the **person who actually screened the child’s hearing**. (Note: If the screener does not appear, he/she has not been registered with the EHDI Program Software Database. The necessary registration forms can be found at the back of this manual or can be downloaded at www.wyomingehdi.org. Please fax or mail completed forms to the Wyoming EHDI Program at 307-721-6313 or 715 Shield Street, Laramie, WY 82072).

6. Use the drop-down menu to select the “Facility” at which the child was screened.

7. If the child has tubes, please indicate this by checking the box labeled "Tubes Present."

10

- Notes:**

9. If a child has a “Late Onset Hearing Loss Risk Factor,” it should be noted in this section. Use the drop-down menu for each risk factor the child has. (Note: It is recommended that children with risk factors for late onset hearing loss receive a hearing screening annually or at any time concerns arise or a change in hearing is noted).

10. Under “Screening Results,” please select “Pass,” “Fail,” or “N/A” for the left and right ear results (Note: N/A may be chosen, for example, in a case of an atretic ear).

11. Use the drop-down menu to select a “Recommendation” for the child based on his/her screening results. (Note: If the child passes his/her screening, but is on an IFSP/IEP plan, select the recommendation of “IFSP/IEP Review.” If the child fails his/her screening and is on an IFSP/IEP plan, select the recommendation that best meets the needs of the child for appropriate hearing/hearing management. This will usually result in a rescreen occurring sooner than the child’s annual IFSP/IEP review date).

Recommendation	
Rescreen in 12 months unless concerns arise or a change in hearing is noted	
Rescreen in 12 months unless concerns arise or a change in hearing is noted	
Rescreen in 3 months	
Rescreen in 4-6 weeks	
Refer to Primary Care Physician and rescreen in 4-6 weeks	
Refer to Primary Care Physician and rescreen in 3 months	
Refer to ENT for medical and audiological evaluation and rescreen in 4-6 weeks	
Refer to ENT for medical and audiological evaluation and rescreen in 3 months	

- 13.** Verification of your hearing screening results is available by clicking on the “Use Verification Tool” button. By clicking on this button, you will be able to enter the results you obtained from the hearing screening equipment.

Note: Use of the verification tool is not required. If you open the verification tool, you will have to fill in all necessary result information. If at any time you choose not to use the tool, click “Close Verification Tool.”

Tool.

Use Verification Tool

Close Verification Tool

- 14.** Use the drop-down menu to select “Pass,” “Fail,” or “N/A” for the “Otoscopic” results for both the left and right ears.

Otoscopic	Left	Pass	Right	Pass
-----------	------	------	-------	------

- 15.** Use the drop-down menu to select “Pass,” “Fail,” or “N/A” for the “Otoacoustic Emissions” results for both the left and right ears.



Note: To enter otoacoustic emission results, please make sure to check the box.

Otoacoustic Emmissions ☒ Pass Pass

- 16.** Use the drop-down menu to select “Pass,” “Fail,” or “N/A” for the “Pure Tones” results for both the left and right ears at 1,000 Hz, 2,000 Hz, and 4,000 Hz.

Note: To enter pure tone results, please make sure to check the box.

PureTones ☒ 

1000 Hz	Pass 	Pass 
2000 Hz	Pass 	Pass 
4000 Hz	Pass 	Pass 

Notes:

[illegible]

17. Under “Immittance,” enter the numerical result for the “Ear Canal Volume” for the left and right ears.



The screenshot shows a light blue header bar with the word "Immittance" in bold. Below it, the text "Ear Canal Volume" is followed by two empty input boxes. Two orange arrows point to these boxes from the right.

18. Under “Immittance,” enter the numerical result for the “Middle Ear Pressure” for the left and right ears.

Note: “NP” is a valid result entry.



The screenshot shows a light blue header bar with the text "Middle Ear Pressure" followed by two empty input boxes. Two orange arrows point to these boxes from the right.

19. Under “Immittance,” enter the numerical result for the Tympanic Membrane, “TM Compliance,” for the left and right ears.

Note: “NP” is a valid result entry.



The screenshot shows a light blue header bar with the text "TM Compliance" followed by two empty input boxes. Two orange arrows point to these boxes from the right.

20. Use the drop-down menu to select “Did Not Test,” “Absent,” or “Present” for “Acoustic Reflex.”

21.



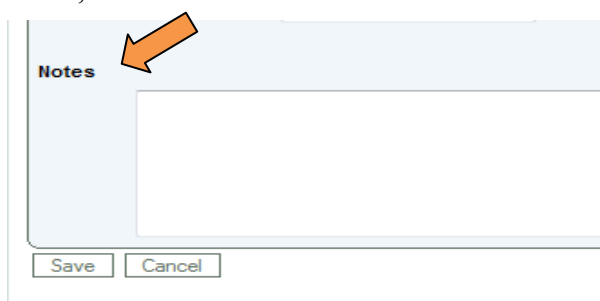
The screenshot shows a light blue header bar with the text "Acoustic Reflex" followed by two drop-down menus. Both menus are set to "Did not Test". Two orange arrows point to the drop-down menus from the right.

22. Confirm all of the results are entered correctly and then click “Verify” to receive the verification of the hearing screening results.



The screenshot shows a button labeled "Verify" with an orange arrow pointing to it from the right.

23. If there are any additional comments that need to be made, enter them in the box labeled “Notes.”



The screenshot shows a light blue header bar with the word "Notes" in bold. Below it is a large text area. At the bottom are two buttons labeled "Save" and "Cancel". An orange arrow points to the "Notes" header from the top left.

24. Confirm all of the information is correct and then click on the “Save” button. This will save the child’s screening results, recommendations, and risk factors into the database. Hitting “cancel” will delete all of the information and take you back to the child’s main page.

DON’T FORGET TO HIT SAVE!



The screenshot shows two buttons labeled "Save" and "Cancel". An orange arrow points to the "Save" button from the left.

Notes:



A series of horizontal lines for taking notes.

VIII. How to Manage Your Follow-Up Actions

Notes:

(A) About Follow-Up Actions

1. Once you are logged in, you will see a list of “Follow-Up Actions” on the home page (only screeners will be able to view the follow-up actions. If you are logged in as a data entry clerk, you will not see these follow-up actions). These follow-up actions are specific to you the screener and the children for whom you are responsible.
2. The children listed are those who are in need of hearing rescreens or follow-up care regarding medical and/or audiological referrals. These, again, are children for whom you, individually, are responsible for.


Followup Actions

Task	PatientName	Status	Creation Date	Due Date
✖ Rescreen in 4-6 weeks	SCHUTZMAN, TORRIE	Pending	5/5/2008	11/26/2002
✖ Rescreen in 12 months unless concerns arise or a change in hearing is noted	POLLEY, BRENNAN	Pending	5/5/2008	10/9/2003
✖ Rescreen in 12 months unless concerns arise or a change in hearing is noted	STUART, HENRY	Pending	5/5/2008	1/11/2005
✖ Rescreen in 12 months unless concerns arise or a change in hearing is noted	FERTIG, CALVIN	Pending	5/5/2008	3/11/2005
✖ Rescreen in 4-6 weeks	RICHARD, BEAU	Pending	5/5/2008	10/2/2007
✖ Rescreen in 4-6 weeks	MINER, TRISTAN	Pending	5/5/2008	10/2/2007
✖ Rescreen in 4-6 weeks	GARAY, BENTLEY	Pending	5/5/2008	10/2/2007
✖ Rescreen in 4-6 weeks	EDGAR, JAKE	Pending	5/5/2008	10/8/2007
✖ Rescreen in 4-6 weeks	OLMSTEAD, SIERRA	Pending	5/5/2008	10/8/2007
✖ Rescreen in 4-6 weeks	DAVIS, JAMES	Pending	5/5/2008	10/8/2007

(B) Organizing and Viewing Follow-Up Actions

1. You can organize the order in which the follow-up actions are displayed according to “Task,” “Patient Name,” “Status,” “Creation Date,” and “Due Date.” These headings are all displayed at the top of the “Follow-up Actions” List.

Followup Actions



Task	PatientName	Status	Creation Date	Due Date
✖ Rescreen in 4-6 weeks	SCHUTZMAN, TORRIE	Pending	5/5/2008	11/26/2002
✖ Rescreen in 12 months unli	POLLEY, BRENNAN	Pending	5/5/2008	10/9/2003
✖ Rescreen in 12 months unli	STUART, HENRY	Pending	5/5/2008	1/11/2005

2. Click on the heading name for which you want to organize your follow-up actions. For example:
 - a. Click on “Task” to organize according to the task needing to be completed;
 - b. Click on “Patient Name” to organize alphabetically;
 - c. Click on “Status” to organize according to status (pending, completed, cancelled, etc);
 - d. Click on “Creation Date” to organize according to the creation date (also the date the follow-up action was entered into the software, NOT the date the screening was completed on the child);
 - e. Click on “Due Date” to organize according to the date by which the follow-up actions are to be completed by.

3. Clicking on the notebook at the far left of a child's name will allow you to add new and/or additional screening results for that child without having to click under the "child view" drop down menu (when the follow-up action is a rescreen task, i.e. "Rescreen in 4-6 weeks"). (Refer to Step VII on page 9 to add screening results). Clicking on the notebook when the follow-up action is a referral to a child's Primary Care Physician, Ear, Nose, and Throat Doctor, and/or Audiologist will allow you to generate a letter to the child's parents/guardian. (Refer to Step VIII, Section (F) on page 22 to generate letters).

Followup Actions

Task	PatientName
✖ Rescreen in 4-6 weeks	SCHUTZMAN, TORRIE
✖ Rescreen in 12 months unless concerns arise or a change in hearing is noted	DOLE, ROBINMAN




4. Clicking on the “x” will cancel the child’s follow-up action. You will be asked to confirm a deletion of any follow-up action. A suggestion for managing your follow-up actions is to delete the following actions from your list: “Rescreen in 12 months unless concerns arise or a change in hearing is noted.” (**Note:** Because Late Onset Hearing Loss (LOHL) is known to occur throughout a child’s life, it is recommended that a child’s hearing be screened annually. Early diagnosis of acquired (late onset) hearing loss will lessen the impact the hearing loss has on the child’s development. However, each facility has the option of deleting this follow-up action for children who have no risk factors, and who are not receiving early intervention services. This option will narrow down your “to-do” list and allow each facility to use the software in the most effective way to support their program).

Followup Actions

Task	PatientName
✖ Rescreen in 4-6 weeks	SCHUTZMAN, TORRIE

5. Clicking on the child's name will allow you to view the child's information including demographic, guardian, and screening history [Note: demographic, guardian information, etc. is populated **ONLY** if done so by the person logged into the software (i.e. screener or data clerk). This information becomes useful to use during follow-up activities for children who need management beyond screening and rescreening. Completing this section is not necessary for children who pass their initial and/or first rescreening).

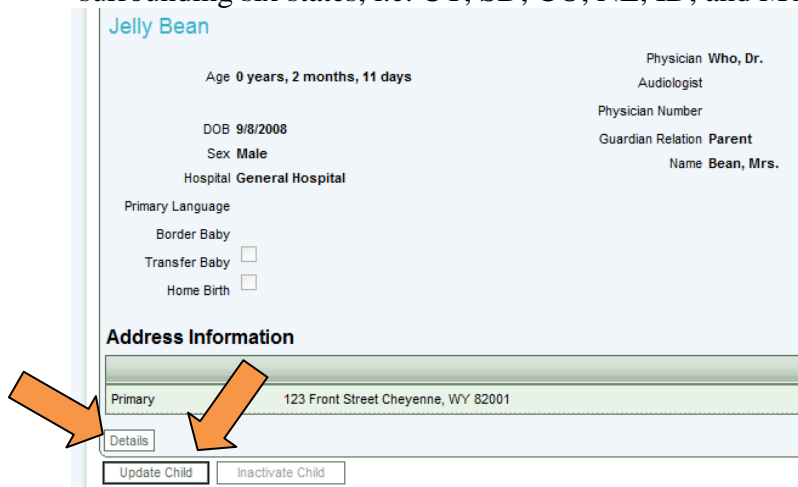
Followup Actions

Task		PatientName
	✗ Rescreen in 4-6 weeks	SCHUTZMAN, TORRIE
	✗ Rescreen in 12 months unless concerns arise or a change in hearing is noted	POLLEY, BRENNAN
	✗ Rescreen in 12 months unless concerns arise or a change in hearing is noted	STUART, HENRY

Notes:

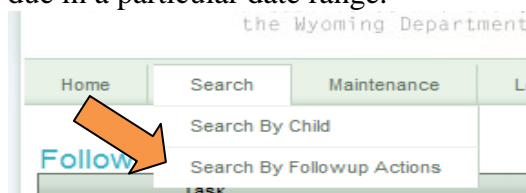
[illegible]

Notes:

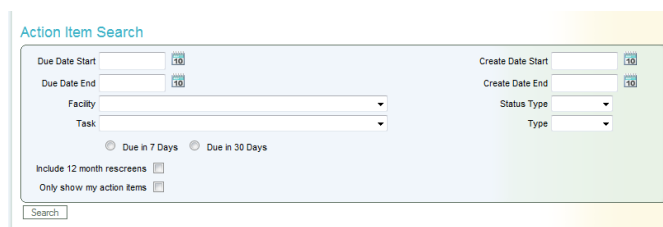


(C) Searching by Follow-Up Actions

1. You can also search for specific follow-up actions by scrolling over the “Search” tab and then clicking “Search by Follow-Up Actions.” This is useful to minimize the follow-up actions by searching for only those that are due in a particular date range.



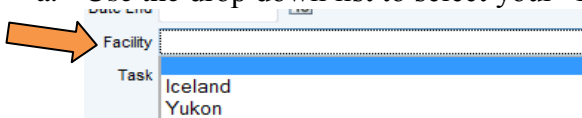
- 2.** The following page will come up.



3. This page allows you to “Search by Follow-Up Actions” using 4 different methods.

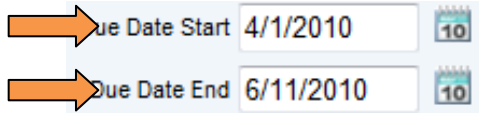
4. Method 1:

- a. Use the drop down list to select your “Facility.”

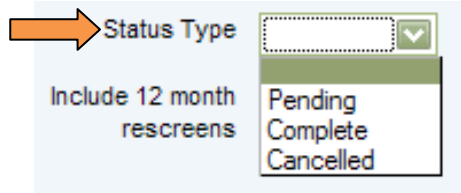


Notes:

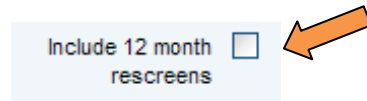
- b. Select a “Due Date Start” and “Due Date End.” These are the date ranges for when the follow-up actions are due. For example, selecting “Due Date Start” of 04/01/2010 and a “Due Date End” of 06/11/2010 will allow you to see the follow-up actions that are due between 04/01/2010 and 06/11/2010.



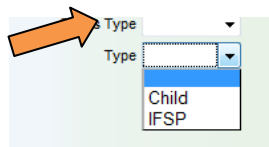
- c. Next, select the “Status Type.” You can choose to view follow-up actions that are “pending,” “complete,” or “cancelled.”



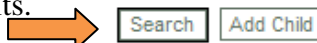
- d. If you want to include the follow-up action of “Rescreen in 12 months unless concerns arise or a change in hearing is noted,” be sure to check the box that says “Include 12 month rescreens.” Leaving this box blank will narrow down your “to-do” list to include only those children who are in need of follow-up actions other than “rescreen in 12 months unless concerns arise or a change in hearing is noted.”



- e. Next, use the drop-down box to select the “Type” of follow-up actions you want to view. You can choose from “Child” and “IFSP” follow-up actions. (Note: If a child is on an IFSP/IEP, refer to Step IX on page 26 us into the database.)



- f. Then click on the “Search” button at the bottom of the page to view your results.

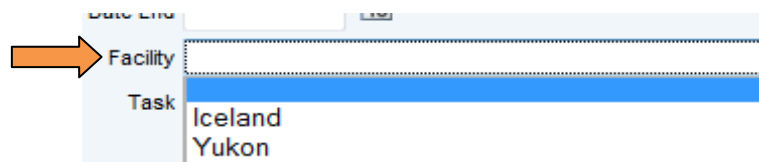


Note: To print your results, click on “View Report” at the bottom of the screen. This will take you to a PDF version of your results that you may save and/or print.

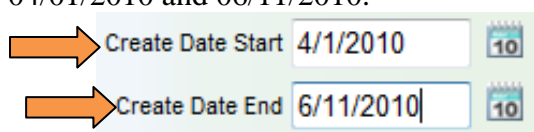
5. Method 2:

Notes:

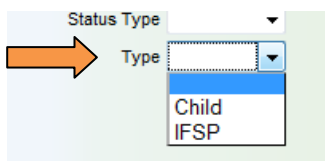
- a. Use the drop down list to select your “Facility.”



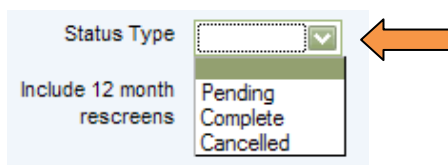
- b. Select “Create Date Start” and “Create Date End.” These are the date ranges for when the follow-up action were created. For example, selecting a “Create Date Start” of 04/01/2010 and a “Create Date End” of 06/11/2010 will allow you to view the action items that were created between the dates of 04/01/2010 and 06/11/2010.



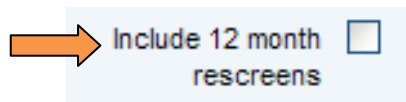
- c. Next, use the drop down box to select the “Type” of follow-up action you want to view. You can choose from “Child” and “IFSP” follow-up actions.



- d. Next, select the “Status Type.” You can choose to view follow-up actions that are “pending,” “complete,” or “cancelled.”



- e. If you want to include the follow-up action of “Rescreen in 12 months unless concerns arise or a change in hearing is noted,” be sure to check the box that says “Include 12 month rescreens.” Leaving this box blank will narrow down your “to-do” list.



- f. Then click on the “Search” button at the bottom of the page to view your results.

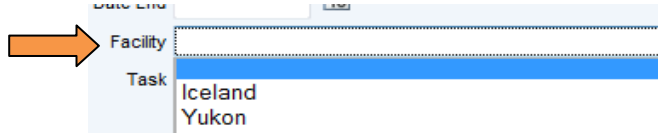


Note: To print your results, click on “View Report” at the bottom of the screen. This will take you to a PDF version of your results that you may save and/or print.

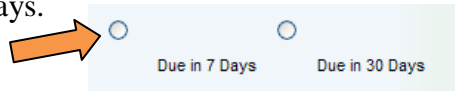
Notes:

6. Method 3:

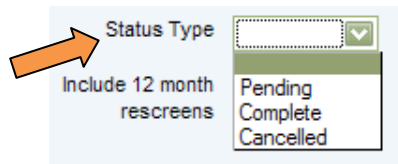
- Use the drop down list to select your “Facility.”



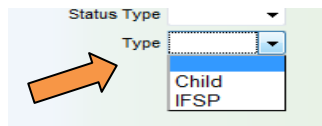
- Then click on the “Due in 7 Days” button to view all follow-up actions that need to be completed in the next 7 days.



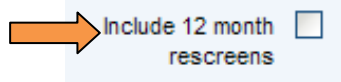
- Next, select the “Status Type.” You can choose to view follow-up actions that are “pending,” “complete,” or “cancelled.”



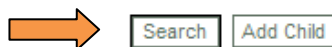
- Next, use the drop down box to select the “Type” of follow-up action you want to view. You can choose from “Child” and “IFSP” follow-up actions.



- If you want to include the follow-up action of “Rescreen in 12 months unless concerns arise or a change in hearing is noted,” be sure to check the box that says “Include 12 month rescreens.” Leaving this box blank will narrow down your “to-do” list.



- Click on the “Search” button at the bottom of the screen to view your results.

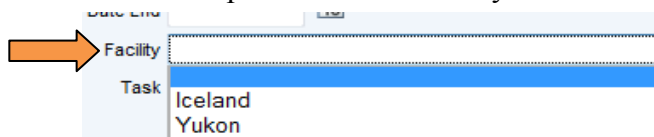


Note: To print your results, click on “View Report” at the bottom of the screen. This will take you to a PDF version of your results that you may save and/or print.

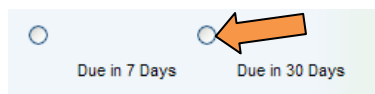
7. Method 4:

Notes:

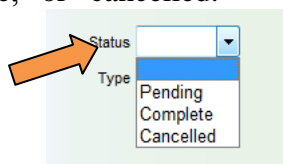
- a. Use the drop down list to select your “Facility.”



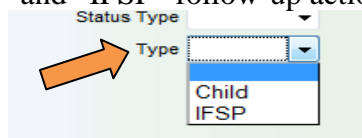
- b. Then click on the “Due in 30 Days” button to view all follow-up actions that need to be completed in the next 30 days.



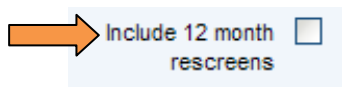
- c. Next, select the “Status Type.” You can choose to view follow-up actions that are “pending,” “complete,” or “cancelled.”



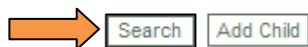
- d. Next, use the drop down box to select the “Type” of follow-up action you want to view. You can choose from “Child” and “IFSP” follow-up actions.



- e. If you want to include the follow-up action of “Rescreen in 12 months unless concerns arise or a change in hearing is noted,” be sure to check the box that says “Include 12 month rescreens.” Leaving this box blank will narrow down your “to-do” list.



- f. Click on the “Search” button at the bottom of the screen to view your results.



Note: To print your results, click on “View Report” at the bottom of the screen. This will take you to a PDF version of your results that you may save and/or print.

Be sure to fill in ONLY the search criteria that go with each method as described in the manual. For example, if using Method 1 to search your follow-up actions, be sure that only the fields that pertain to Method 1 as described on page 16 are entered. Leave the other fields blank.

(D) Printing Follow-up Actions:

Notes:

1. After you have selected which action items you want to view (i.e. “Due in 7 Days;” “Due in 30 Days,” etc.), click on the “View Report” button at the bottom of the page. (Refer to Step VIII, Sections (B) and (C) for information on how to narrow down your action item list).

Child	Task	Status	Creation Date	Due Date
Hartman, Nancy	Refer to ENT for medical and audiological evaluation	Cancelled	6/2/2008	6/2/2008
Hartman, Nancy	Refer to ENT for medical and audiological evaluation	Complete	6/2/2008	6/2/2008
Anderson, Sam	Refer to Primary Care Physician	Complete	6/2/2008	6/2/2008
Hartman, Nancy	Refer to ENT for medical and audiological evaluation	Pending	6/2/2008	6/2/2008
Anderson, Sam	Refer to Primary Care Physician	Pending	6/2/2008	6/2/2008
Chesney, Kenny	Rescreen in 4-6 weeks	Pending	5/7/2008	6/6/2008

[View Report](#)

2. Clicking on “View Report” will take you to a PDF version of your follow-up actions. From here you can save and/or print your list of follow-up actions. Note: You may need to temporarily disable your pop-up blocker if you have difficulty viewing the PDF page. Printing your facility’s follow-up actions is recommended as a way to stay organized and keep track of what and when children need follow-up and when. (**Note:** If you refer a child for follow-up, it is your responsibility to make sure that the follow-up occurs).

(E) Printing a Child’s Record

1. Search for the child whose record you want to print. (See step V on page 7 for instructions on how to search for a child).
2. Once you have found the child, click on his/her name to open his/her record. Scroll over the “Child” tab at the top of the screen and then click on “Child View.”

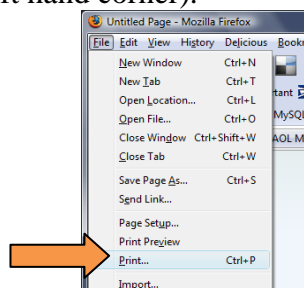
the Wyoming Department of Education.

Home	Search	Child	Maintenance	Logout
------	--------	-------	-------------	--------

Bob Smith
Age 4 ye
DOB 1/1/
Sex Male
Hospital Iverson Memorial Hospital

[Child View](#)
[Add Action Item](#)
[Early Intervention](#)
[Notes](#)
[Hearing](#)

- Notes:**



5. If the child is in need of follow-up, it is recommended that this page be printed and placed in the child's folder if they are on an IFSP/IEP. This information will be useful to the case manager, service provider, and/or parent at the time of the IFSP/IEP review meeting.

(F) Generating Follow-Up Letters

1. If a child has received a hearing screening and is in need of follow-up, a letter can be generated from the software detailing the recommendations for the child's family. A letter can only be generated if the child has the following follow-up actions:
 - a. Referral to Primary Care Physician
 - b. Referral to Ear, Nose, and Throat Doctor
 - c. Referral to Audiologist
2. For a letter to generate, the following demographic information **must** first be entered into the child's record:
 - a. Parent or Guardian Name(s)
 - b. Mailing Address
3. To generate a letter, open the child's record. Scroll down until you see the child's "Follow-Up Actions."

Followup Actions

Task	Status	Creation Date	Due Date
Refer to Primary Care Physician	Pending	6/2/2008	6/2/2008
Complete Medical Diagnostic	Pending	6/2/2008	7/2/2008

4. Click on the notebook that is to the left of the follow-up action for which you want to generate a letter. Remember, you can only generate letters for follow-up actions that include a referral to the child's Primary Care Physician, Ear, Nose and Throat Doctor, and/or Audiologist.

Followup Actions

Task	Status
Refer to Primary Care Physician	Pending

- 5.** A letter will show up similar to the one below:

6/2/2008

Dear Jen Anderson

Recently Sam Anderson's hearing was screened. Sam's hearing screening results fell outside the typical range for his age at the time of the screening.

It is recommended that you share these results with Sam's primary care physician for his/her review and ask for any medical recommendations they may have. Enclosed you will find Sam's most recent hearing screening results. For your convenience we have enclosed a second copy to take to Sam's physicians.

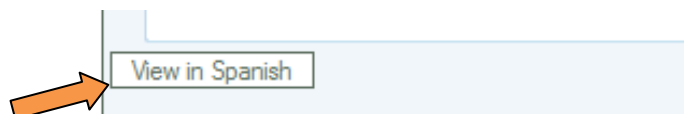
Hearing plays a vital and often subtle role in the early development of children. Children learn speech and language from listening to others speak. The first few years of life are especially critical for speech and language development. If hearing loss exists, a child may not be able to receive optimal benefit from spoken language during this period of growth, and as a result, delays in speech and language may occur. Many hearing problems in children are minimal, yet developmentally significant. It is important that even slight hearing loss be identified so that appropriate developmental management can be provided. Many hearing losses are temporary and may be successfully treated with medical attention.

If you have any questions, comments or concerns about the hearing screening results or about our hearing conservation program, please contact me or the hearing screening technician at 3333333.

Sincerely,

(Note: If you wish to make changes to the text of the referral letter, you may do so at this point.)

6. Clicking on the button labeled “View in Spanish” will translate the letter into Spanish.



7. There is a place at the bottom of this screen for you to enter in “Notes” about the child.

Notes

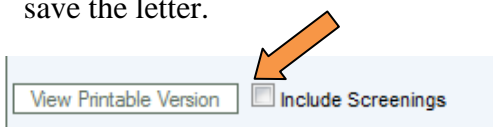
Submit

Cancel

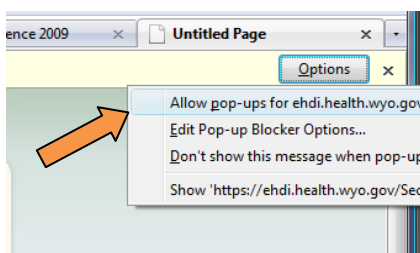
Notes:

[illegible]

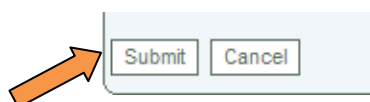
- Click on “View Printable Version” at the bottom of the page. This will take you to a PDF version of the letter you have generated. From there, you can print and/or save the letter.



(Note: You may need to temporally disable your pop-up blocker if you have difficulty previewing the letter).



9. Once you have **printed and or saved** the letter, click on the “Submit” button at the bottom of the screen. This will take you back to the child’s main page, and mark the referral action item as completed.

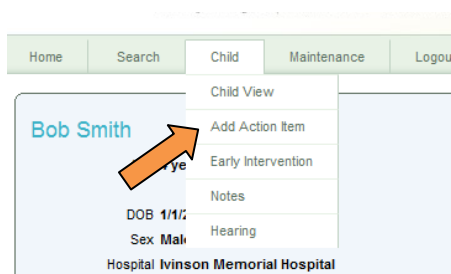


NOTE: If you refer a child for follow-up, it is your responsibility to make sure that the follow-up occurs.

- 10. PLEASE NOTE:** only if letters are generated via the software system will it be noted, documented, or recorded that the referral actually occurred. For this reason, PLEASE make any and all referrals via the EHDI tracking and surveillance software.

(G) Adding Follow-Up Actions

1. Use this function to add action items to a particular child.
2. Scroll over the “Child” tab at the top of the screen and then click on “Add Action Item.” (A child’s record must be open in order to enter or view the child’s action items).



Notes:

[illegible]

3. After clicking on “Add Action Item” a new page will load. Use the drop-down menu to select the “Action Item Type.”

Add Action Item

Action Item Type: LOHL
Action Item: LOHL
Facility: IFSP
Frequency: 12 months unless concerns arise or a change in hearing is noted

4. Use the drop-down menu to select the “Action Item” you want to add to the child’s record.

Action Item Type LOHL

Action Item Rescreen in 12 months unless concerns arise or a change in hearing is noted

Facility Rescreen in 12 months unless concerns arise or a change in hearing is noted

Due Date Rescreen in 3 months

Add Action Item

Rescreen in 4-6 weeks

Refer to Primary Care Physician and rescreen in 4-6 weeks

Refer to Primary Care Physician and rescreen in 3 months

Refer to ENT for medical and audiological evaluation and rescreen in 4-6 weeks

Refer to ENT for medical and audiological evaluation and rescreen in 3 months

Refer to Audiologist and Rescreen in 4-6 weeks

Refer to Audiologist and Rescreen in 3 months

Other

IFSP/IEP review


5. Use the drop-down menu to select the “Facility” that goes with the action item you are adding.

Action Item Type	Action Item	Facility
	<ul style="list-style-type: none"> LUS Hospital McKay-Dee Hospital Center Memorial Hospital of Carbon County Memorial Hospital of Converse County Memorial Hospital of Sheridan County Memorial Hospital of Sweetwater County Out of State - Colorado Platte County Memorial Hospital Powell Valley Healthcare Presbyterian St. Luke's Medical Center Primary Children's Medical Center Rapid City Regional Hospital Regional West Medical Center South Lincoln Medical Center St. John's Medical Center St. Vincent Healthcare Star Valley Medical Center The Children's Hospital 	<div>▼</div> <div>▼</div>

6. Type the “Due Date” that the action item needs to be completed by.

Due Date  

7. Click on “Add Action Item” to save it in the database. Once the action item is saved in the database, it will appear on the child’s record as well as on your list of follow-up actions (to-do list).



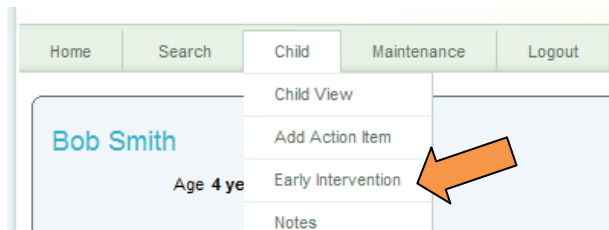
Notes:

[illegible]

IX. Early Intervention

Notes:

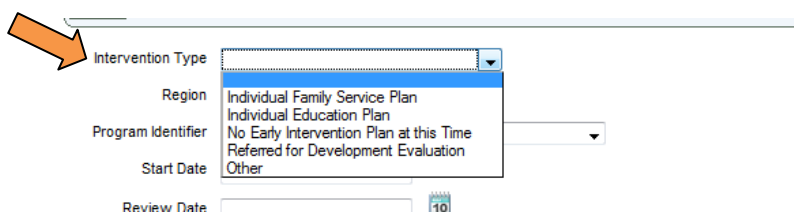
1. The “Early Intervention” function is to be used when a child is on an IFSP, IEP, etc. Please be aware that this function is being expanded for use in demonstrating a child’s developmental/educational progress. The current application primarily has use in making certain children on an IFSP/IEP have their hearing status rescreened annually.
2. Scroll over the “Child” tab at the top of the screen and then click on “Early Intervention.” (A child’s record must be open in order to view or edit his/her early intervention status).



3. This will open the Early Intervention Page.

A screenshot of the 'Early Intervention' page for a child named Bob Smith. The top section shows child details: 'Bob Smith', 'Age 4 years, 6 months, 21 days', 'DOB 1/1/2005', 'Sex Male', 'Hospital Iverson Memorial Hospital', 'Physician Audiologist', 'Physician Number', 'Guardian Relation Parent', and 'Name Jane, Smith'. Below this is a 'Details' button. The main form area has fields for 'Intervention Type' (a dropdown menu), 'Region' (a dropdown menu), 'Program Identifier' (a dropdown menu), 'Start Date' (a date picker), and 'Review Date' (a date picker). At the bottom of the form are 'Save' and 'Cancel' buttons.

4. Use the “Early Intervention Type” drop-down menu to select the child’s current early intervention status.



5. Select the region by using the “Region” drop-down menu.

New

Station Type

Region

Program Identifier


Start Date

Review Date

Region 1
Region 2
Region 3
Region 4
Region 5
Region 6
Region 7
Region 8
Region 9
Region 10
Region 11
Region 12
Region 13
Region 14

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6. Select the facility at which the child is receiving Early Intervention services from the “Program Identifier” drop-down menu.



Program Identifier

Start Date

Review Date

Save Cancel

- Arapahoe Child Project - Arapahoe
- Bridger Valley Child Development Center - Mountain
- Child Development Center - Buffalo
- Child Development Center - Sheridan
- Child Development Services of Fremont County - Dub
- Child Development Services of Fremont County - Lan
- Child Development Services of Fremont County - Riv
- Child Development Services of Fremont County - Sho
- Child Development Services of Natrona County - Cas
- Children's Developmental Services of Campbell Coun
- Children's Resource Center - Basin
- Children's Resource Center - Cody

7. Enter the child's initial "Start Date" for either IFSP or IEP and his/her next "Review Date."

Start Date 10

Review Date 10

8. Once all of the information has been accurately entered, click on the “Save” button. This will save the child’s Early Intervention information into the database.
9. In order for the IFSP/IEP review date to show up in your list of follow-up actions, you must add them as a follow-up action. To do this, see step VIII, Section (G) on page 24.

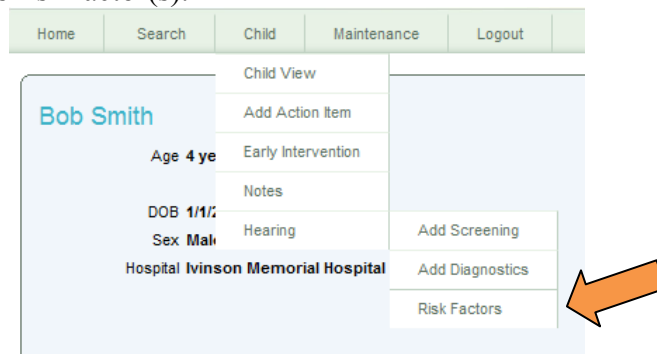
Notes:

[illegible]

X. Risk Factors

Notes:

1. There are various risk factors for late onset hearing loss (LOHL). If a child has a risk factor for hearing loss, the Risk Factor function should be used. Risk Factors can also be entered in via the “Add Screening” page. (If a child has a risk factor for late onset hearing loss it should also be found on the hard copy of the child’s Hearing Screening Results Form). It is recommended by the Joint Committee on Infant Hearing (JCIH) that children with risk factors for late onset hearing loss receive a hearing screening annually or anytime sooner if concerns arise or a change in hearing is noted.
2. Scroll over the “Child” tab at the top of the screen, scroll over “Hearing”, then click on “Risk Factors.” Note: A child’s record must be opened in order to enter or view a child’s risk factor(s).



3. The Risk Factors page will open and look similar to the following:

A screenshot of the 'Risk Factors' page. It is divided into two main sections: 'Birth Risk Factors' and 'Late Onset Hearing Loss Risk Factors'. Each section has a table with 'Description' and a status dropdown menu, all currently set to 'Unknown'.
Birth Risk Factors:

Description	Status
Family history of hearing loss	Unknown
Syndrome associated with hearing loss	Unknown
Perinatal infection	Unknown
Bacterial meningitis	Unknown
Ototoxic medication	Unknown
Hyperbilirubinemia	Unknown
Craniofacial anomalies	Unknown
Low birth weight	Unknown
Prolonged ventilation	Unknown
Severe asphyxia at birth	Unknown







Late Onset Hearing Loss Risk Factors:

Description	Status
Parental or caregiver concern regarding hearing, speech, language, and/or developmental delay	Unknown
Syndromes associated with progressive hearing loss	Unknown
Head Trauma	Unknown
Current or persistent otitis media with effusion for at least 3 months	Unknown

Below the tables is an 'Other Risk' input field with a text box and a label. An orange arrow points to this field. At the bottom are 'Update' and 'Cancel' buttons.

4. The Birth Risk Factors are marked by nurses who screen hearing for the child at the time of birth. These risk factors can be edited when the child reaches six (6) months of age. For each risk factor a child may or may not have, use the drop-down menu to select a “Yes” for “Yes this child has this risk factor” or “No” for “No, this child does not have this risk factor.” For risk factors that don’t apply, or if you are not sure, leave the selection as “Unknown.” If you believe that a birth Risk Factor is not correct, please contact the EHDI Program at (307) 721-6212 to have it changed.

Birth Risk Factors

Description	
Family history of hearing loss	Unknown 
Syndrome associated with hearing loss	Unknown
Perinatal infection	Yes No
Bacterial meningitis	Unknown 
Ototoxic medication	Unknown 
Hyperbilirubinemia	Unknown 
Craniofacial anomalies	Unknown 
Low birth weight	Unknown 
Prolonged ventilation	Unknown 
Severe asphyxia at birth	Unknown 

5. The Late Onset Hearing Loss Risk Factors can be edited at any time. For each risk factor a child may or may not have, use the drop-down menu to select “Yes,” “No,” or “Unknown.” (Note: If the child has a risk factor for hearing loss that is not listed, type the risk factor in “Other Risk”).

Late Onset Hearing Loss Risk Factors

Description		
Parental or caregiver concern regarding hearing, speech, language, and/or developmental delay		Unknown
Syndromes associated with progressive hearing loss		Unknown
Head Trauma		Yes
		No
Recurrent or persistent otitis media with effusion for at least 3 months		Unknown
Other Risk		

6. Once a child's risk factors are saved in the database, they will appear on the child's main page.

Late Onset Hearing Loss Risk Factors	
Description	
Parental or caregiver concern regarding hearing, speech, language, and/or developmental delay	Yes
Syndromes associated with progressive hearing loss	Yes
Head Trauma	Unknown
Recurrent or persistent otitis media with effusion for at least 3 months	Unknown
Other Risk	<input type="text"/>

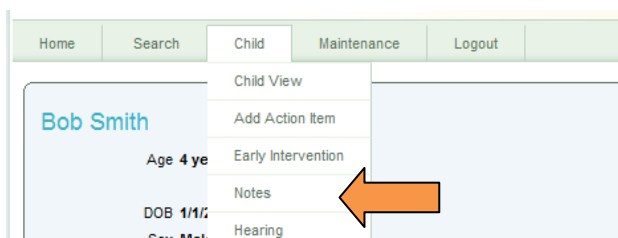
Notes:

[illegible]

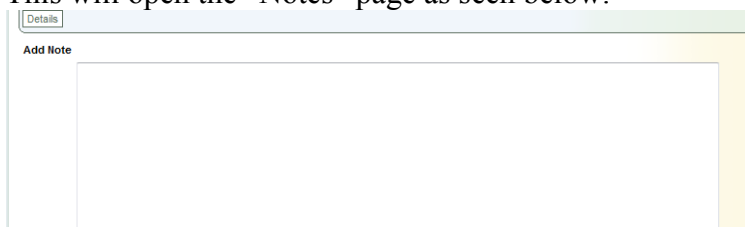
XI. Adding Notes to a Child's Record

Notes:

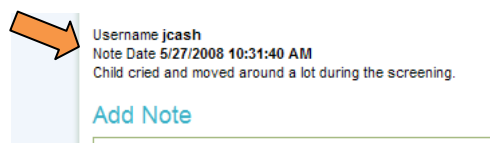
1. The “Notes” section can be used as a communication log as it relates to a child’s hearing status or other information pertinent to the child. It can also be used to express how the child behaved during the screening which may or may not have affected the results (i.e., “child was crying during the screening”; “child would not hold still”; “very talkative child”, etc.)
2. To enter notes for a child, scroll over the “Child” tab at the top of the screen and click on “Notes.” (A child’s record must be opened in order to enter or view notes).



3. This will open the “Notes” page as seen below:



4. After you have typed your notes, click on “Add Notes” at the bottom of the screen. This will save the notes into the database. The time, date, and user will automatically appear with the saved notes. The information will appear above the “Add Note” text box.



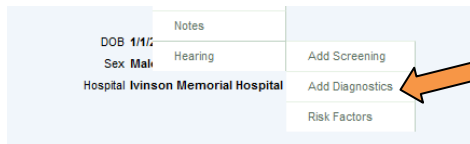
5. The child’s notes will not appear on the child’s main page. To view a child’s notes, you must follow step 2 in this section (Scroll over the “Child” tab at the top of the page, then click on “Notes.” The child’s record must be open).

NOTE: Currently, spell check and/or a means by which to alter notes after you have saved them is not available. Future versions of the software will offer this feature.

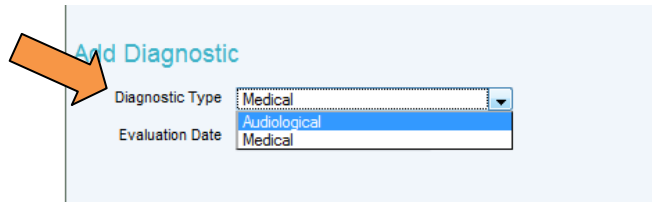
XII. Medical Diagnostics

Notes:

1. If a child is referred for medical diagnostics (Primary Care Physician and/or Ear, Nose and Throat Doctor), use this section to enter in the medical diagnostic results. Note: **These results will come from the child's doctor and you will be responsible for entering the results into the software. It is highly recommended that a Release of Information form for the child's primary care provider be included with the screening consent. This simple, but valuable, clerical action will prove critical to your ability to effectively obtain follow-up information.**
2. Scroll over the "Child" tab at the top of the screen, scroll over "Hearing," then click on "Add Diagnostics." (A child's record must be open in order to view and edit his/her medical diagnostic information).



3. The Diagnostics Page will open. Scroll down to the Add Diagnostics section. The "Medical Diagnostics Type" is set as the default.



4. The Medical Diagnostics page will look similar to the following:

A screenshot of the 'Medical Diagnostics' page. At the top, there are dropdown menus for 'Diagnostic Type' (set to 'Medical'), 'Physician', and 'Facility' (set to 'Iceland'). Below these are text fields for 'Evaluation Date' (11/19/2008) and a '19' icon. There are two radio buttons: 'Medical Condition Confirmed' and 'Medical Condition Not Confirmed'. Below these is a 'Recommendations' section with three sub-sections: 'Medical Follow Up', 'Referrals', and 'Medication'. At the bottom is a 'Notes' section with a large text area. At the very bottom are 'Save Diagnostic' and 'Cancel' buttons.

- Diagnostic Information**
- Visit Type:
- Evaluation Date:
- Physician:
- Facility:

- ☐ Medical Condition Confirmed
☐ Medical Condition Not Confirmed

-
- Recommendations**
- Medical Follow Up**
- ☐ 1 week
- ☐ 2 weeks
- ☐ 3 weeks
- ☐ 4 weeks
- ☐ Recheck PRN
- ☐ Other
- Referrals**
- Medication**


- | Recommendations | |
|--------------------------|---|
| Medical Follow Up | |
| Referrals | |
| <input type="checkbox"/> | Refer to Early Intervention (Speech Therapy, OT, PT, etc) |
| <input type="checkbox"/> | Refer to Audiology |
| <input type="checkbox"/> | Referral to Ophthalmology/Optometry |
| <input type="checkbox"/> | Referral to Genetics |
| <input type="checkbox"/> | Referral to Ears, Nose and Throat physician |
| <input type="checkbox"/> | Refer to Cochlear Implant Center/Team |
| <input type="checkbox"/> | Other (see Notes) |

- ### Recommendations

Medical Follow Up
Referrals
Medication
<input type="checkbox"/> Prescribed
<input type="checkbox"/> Not Prescribed

32

- 10.** Use the “Notes” section to type any notes regarding the child and his/her medical evaluation.



Notes

11. Click “Save Diagnostic” to save the child’s medical diagnostic information into the database or click “Cancel” to erase changes and return to the main page.

Save Diagnostic Cancel

12. Once the child's medical diagnostic information is saved in the database, it will appear on the child's main page (Note: Completing the diagnostics page will cancel the "Refer to Physician" action item).

XIII. Audiological Diagnostics


1. If a child is referred for audiological diagnostics, use this section to enter in the audiological diagnostic results.
Note: These results will come from the child's audiologist and you will be responsible for entering the results into the software. Here again, if at all possible, remember to get a Release of Information form signed by the parents at the time the referral is made.
2. Scroll over the "Child" tab at the top of the screen, scroll over "Hearing," and then click on "Add Diagnostics." (A child's record must be open in order to view and edit his/her medical diagnostic information.)

Age 4 ye	Early Intervention	
	Notes	
DOB 1/1/		
Sex Male	Hearing	Add Screening
Hospital Ivins Memorial Hospital		Add Diagnostics
		Risk Factors

3. The Diagnostics Page will open. Scroll down to the “Add Diagnostics” section. Under “Diagnostic Type”, use the drop-down menu and select “Audiological.”

Add Diagnostic

Diagnostic Type	Medical
Evaluation Date	Medical



Notes:

[illegible]

4. This will open the Audiological Diagnostic Page and will look similar to the following

Add Diagnostic

Diagnostic Type: Audiologist:
Evaluation Date: Facility:

Left Ear

Hearing Loss Type:
Degree of Hearing Loss:
Slope of Hearing Loss:

Right Ear

Hearing Loss Type:
Degree of Hearing Loss:
Slope of Hearing Loss:

Recommendations

Medical
Amplification
Audiology Follow Up Schedule
Pressure Equalization Tubes (when present)
School Age Children
Additional Recommendations
Other

Tests

Case History
Otoscopy
OAE
ToneBurst

5. Enter the day the evaluation was completed under “Evaluation Date.” Use the drop-down menus to select the “Audiologist” and “Facility.”

Diagnostic Information

Diagnostic Type: Audiologist:
Evaluation Date: Facility:

6. For BOTH the “Left Ear” and the “Right Ear,” use the drop-down menu to select the “Hearing Loss Type.”

Right Ear

Hearing Loss Type:
Degree of Hearing Loss:
Slope of Hearing Loss:

None
Unknown
Conductive
Sensory
Neural / AN - AD
Mixed
Other

7. For BOTH the “Left Ear” and the “Right Ear,” use the drop-down menu to select the “Degree of Hearing Loss.”

Right Ear

Hearing Loss Type:
Degree of Hearing Loss:
Slope of Hearing Loss:

Normal Limits
Minimal
Mild
Mild To Moderate
Moderate
Moderate To Severe
Severe
Severe To Profound
Profound
Other

Notes:

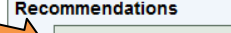
- 8.** For BOTH the “Left Ear” and the “Right Ear,” use the drop-down menu to select the “Slope of Hearing Loss.”

Notes:

Slope of Hearing Loss

Flat
Mildly Sloping
Moderately Sloping
Sharply Sloping
Reverse Slope
High Frequency
Cookie Bite
Unknown

- 9.** Select any “Medical Recommendations” given by the Audiologist to the child.




Recommendations

Medical

- ☐ Continue Medical Management as Prescribed
- ☐ Medical Referral to PCP
- ☐ Medical Referral to ENT
- ☐ Refer to ophthalmologist / optometry
- ☐ Refer to Cochlear Implant Center/Team

- 10.** Select (if any) the “Amplification” that was recommended to the child by the Audiologist.

Recommendations	
	Medical
	Amplification
	<input type="checkbox"/> Hearing Aid Fitting/Trial
	<input type="checkbox"/> Inservice regarding how to operate the hearing aid (insertion, volume, etc)
	<input type="checkbox"/> Hearing Aid Maintenance (listening checks, stethoscope)
	<input type="checkbox"/> Hearing Aid Troubleshooting (battery insertion, earmold cleaning)
	<input type="checkbox"/> Hearing Aid Warranty (repair, replacement)
	<input type="checkbox"/> Hearing Aid Wearing Schedule (discussed and determined)
	<input type="checkbox"/> Hearing Aid Tracking Chart (distributed to parent, how to track usage)
	<input type="checkbox"/> Evaluation of assistive listening devices including use of personal or home/classroom FM

- 11. Select the Audiologist's recommended "Follow-up Schedule" for the child.**

Recommendations

Medical
Amplification
Audiology Follow Up Schedule

☐ 1 week

☐ 2 weeks

☐ 3 weeks

☐ 4 weeks

☐

[illegible]


Notes:

[illegible][illegible]

[illegible]

- 15.** Select whether or not the child had a “Case History” recorded.

Tests


 **Case History**

☐ Yes ☐ No

- 16.** If the child had an "Otoscopy test," select if it was "Bilateral," Left Only," or "Right Only."

Tests

Case History
Otoscopy

 ☐ Bilateral ☐ Left Only ☐ Right Only

- 17.** If the child had an “OAE” test, select if it was “Bilateral,” Left Only,” or “Right Only.”

Tests

Case History
Otoscopy
OAE



Bilateral Left Only Right Only

- 18.** If the child had a “Tone Bursts” test, select if they were “Bilateral,” Left Only,” or “Right Only” at 500 Hz, 1000 Hz, 2000 Hz, and 4000 Hz.

Tests

Case History
Otoscopy
OAE
ToneBurst

Frequency	Bilateral	Left Only	Right Only
500 Hz	Pass	Pass	Pass
1000 Hz	Pass	Pass	Pass
2000 Hz	Pass	Pass	Pass
4000 Hz	Pass	Pass	Pass

- 19.** If the child had a “Click ABR” test, select if it was “Bilateral,” Left Only,” or “Right Only” for “Air Conduction” and “Bone Conduction.”

Tests

Case History

Otoscopy

OAE

ToneBurst

Click ABR

Air Conduction

Bilateral

Left Only

Right Only

Bone Conduction

Bilateral

Left Only

Right Only

Notes:

[illegible]

20. If the child had an “Immittance” test, select if it was “Bilateral,” Left Only,” or “Right Only” for “High Frequency with Acoustic Reflexes,” “High Frequency without Acoustic Reflexes,” “Non High Frequency with Acoustic Reflexes,” and “Non High Frequency without Acoustic Reflexes.”

ToneBurst				
Click ABR				
Immittance				
High Frequency with Acoustic Reflexes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Bilateral	Left Only	Right Only	
High Frequency without Acoustic Reflexes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Bilateral	Left Only	Right Only	
Non High Frequency with Acoustic Reflexes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Bilateral	Left Only	Right Only	
Non High Frequency with out Acoustic Reflexes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Bilateral	Left Only	Right Only	

21. If the child had an “Auditory Steady State Response” test, select if it was “Bilateral,” Left Only,” or “Right Only.”




The diagram illustrates the Auditory Steady State Response (ASSR) testing setup. It features a table with four rows: ToneBurst, Click ABR, Immittance, and Auditory Steady State Response. An orange arrow points to the Auditory Steady State Response row. Below the table, three electrodes are shown, labeled Bilateral, Left Only, and Right Only. The Bilateral electrode is connected to the Auditory Steady State Response row. The Left Only and Right Only electrodes are connected to the Auditory Steady State Response row. The Auditory Steady State Response row is highlighted in green.

ToneBurst
Click ABR
Immittance
Auditory Steady State Response

Bilateral Left Only Right Only

Conditioned Play Audiometry

22. If the child had a “Conditioned Tone Audiometry” test, select if it was “Bilateral,” Left Only,” or “Right Only.”

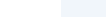


The diagram shows a hearing aid fitting chart with several rows representing different tests. The rows are: Immittance, Auditory Steady State Response, Conditioned Play Audiometry, and Pure Tone Audiometry. Below the first three rows, there are three radio buttons labeled 'Bilateral', 'Left Only', and 'Right Only'. An orange arrow points to the 'Conditioned Play Audiometry' row.

Test	Frequency Range (Hz)
Immittance	125 - 8000
Auditory Steady State Response	125 - 8000
Conditioned Play Audiometry	125 - 8000
Pure Tone Audiometry	125 - 8000

Radio buttons: ☐ Bilateral ☐ Left Only ☐ Right Only

23. If the child had a "Pure Tone Audiometry" test, select if it was "Bilateral," "Left Only," or "Right Only."

 **Pure Tone Audiometry**




☐ Bilateral ☐ Left Only ☐ Right Only

These results were obtained by using


Notes:

[illegible]

24. Select the method(s) that was/were used to obtain the audiological results.


Pure Tone Audiometry	
These results were obtained by using...	
	Insert Phones
	Ear Phones
	Sound Field
Visual Reinforcement Audiometry	

25. Select whether or not the child had a “Behavioral Observation Audiometry” test.



Visual Reinforcement Audiometry
Behavioral Observation Audiometry
<input type="radio"/> Yes <input type="radio"/> No
Sedation

26. Select whether or not the child was sedated.

 Behavioral Observation Audiotape
Sedation

☐ Used

☐ Not Used

27. Click on “Save Diagnostic” to save the child’s audiological diagnostic information into the database or click cancel to erase changes and return to the main page.

Save Diagnostic Cancel

28. Once the child’s audiological diagnostic information is saved in the database, it will appear on the child’s main page (Note: Completing the diagnostics page cancel “refer to audiologist” action item).

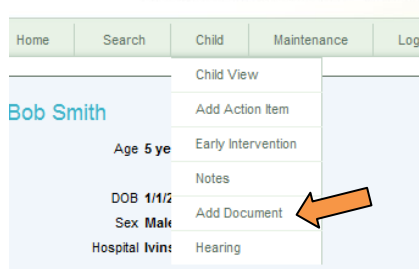
Notes:

[illegible]

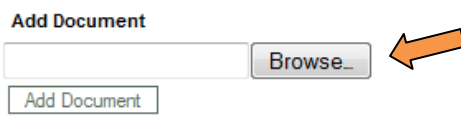
XIV. Adding a Document

Notes:

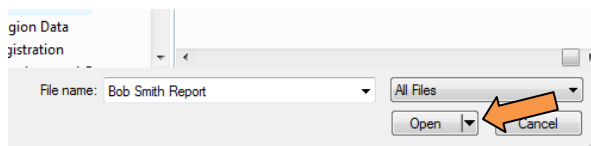
1. If you have a document you would like to add to a child's page through the software, use this section to do so (Note: Only the person who adds the document and the EHDI administrator will be able to view the document on the software.)
2. Scroll over the "Child" tab at the top of the screen and click on "Add Document."



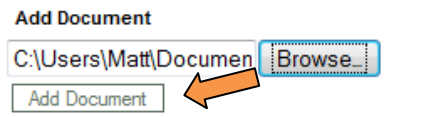
3. Click on "Browse." This will open the document folder on your computer.



4. Select the document you wish to add and click "Open."



5. Once the file name will appear in the box next to "Browse," click "Add Document."



6. The document will appear below.




7. To view the document again, scroll over the "Child" tab at the top of the screen and click on "Add Document." The document will be at the bottom of the page.

XV. Adding Referral Follow-Up

Notes:

1. After a letter has been generated to an audiologist, ENT, or primary care physician, a notebook icon will appear under the child's follow-up actions.

	Status	FollowUp	Creation Date
stic	Pending		8/27/2010
	Pending		8/27/2010
	Complete		10/17/2009
ysician	Complete		8/27/2010
unless concerns arise or a change in			

2. Click on the notebook icon under "FollowUp" to enter information regarding the child's referral.
3. On the "Referral Follow-Up" page, enter the current status of the child's referral.

Referral Follow Up

Status Updated On: 08/27/2010 

Current Status 

☐ Unknown Status


☐ Referral Has Not Been Acted Upon.

☐ Followup Is Scheduled But Not Yet Completed.

☐ Evaluation is in Progress, but Diagnosis is Incomplete.

☐ Other (See Notes Below)

4. Click on the "Save" button to save the current status of the child's referral follow-up.

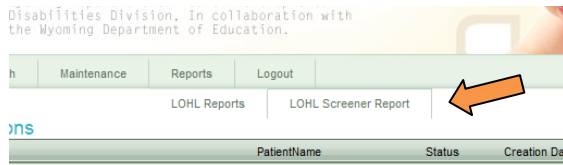


Save Cancel

XVI. Late Onset Hearing Loss Reports

Notes:

1. Scroll over “Report,” scroll over “LOHL Reports,” and then click on “LOHL Screener Report.”



2. Select the “Date of Birth Range” by selecting the “Start Date” and “End Date.” This can be done by typing in the date in the MM/DD/YYYY format or by clicking on the calendar and selecting the date.

The screenshot shows the 'Date of Birth Range' section. It has two input fields for 'Start Date' and 'End Date', each with a calendar icon to its right. An orange arrow points to the 'Start Date' calendar icon, and another points to the 'End Date' calendar icon. Below these fields is a 'Screening Date Range' section with a 'Start Date' field and a calendar icon. The calendar is open, showing the month of August 2010, with days of the week (Su, Mo, Tu, We, Th, Fr, Sa) and dates (25, 26, 27, 28, 29, 30, 31).

3. Select the “Screening Date Range” by selecting the “Start Date” and “End Date.” This can be done by typing in the date in the MM/DD/YYYY format or by clicking on the calendar and selecting the date.

The screenshot shows the 'Screening Date Range' section. It has two input fields for 'Start Date' and 'End Date', each with a calendar icon to its right. An orange arrow points to the 'Start Date' calendar icon, and another points to the 'End Date' calendar icon. Below these fields is a 'Region' section with a 'Start Date' field and a calendar icon. The calendar is open, showing the month of August 2010, with days of the week (Su, Mo, Tu, We, Th, Fr, Sa) and dates (25, 26, 27, 28, 29, 30, 31). A 'View Report' button is located at the bottom left.

4. Select the “Region” that your facility is in.

The screenshot shows a 'Region' dropdown menu. The selected option is 'Region 5'. An orange arrow points to the dropdown arrow.

5. Once the region has been selected, the facility will be able to be selected.

The screenshot shows a 'Facility' dropdown menu. The selected option is 'Facility 1'. An orange arrow points to the dropdown arrow.

6. Click “View Report.” A report will generate regarding the number of children screened at your facility.

The screenshot shows a 'View Report' button. An orange arrow points to the button.

XVII. Providing Feedback

Notes:

7. At the bottom of every page is a red button called “Feedback to Wyoming EHDI staff regarding software issues.” If you have any questions, comments, or concerns regarding the software, please provide us with feedback by clicking this button.

Feedback to Wyoming EHDl staff regarding software issues

- 8.** Use the box to enter any information you would like the Wyoming EHDI Program to know about the software.

[Add Feedback](#)

- 9.** To submit your feedback, click “Add Feedback.”

[Add Feedback](#)

*Required Information

(Please Print)

Classroom/Screening Location: _____

Child's Name*: _____

DOB*: _____

Gender*: ☐ M ☐ F

Parent(s)/Caregiver: _____

Phone: _____

Parent(s)/Caregiver Address: _____

Child's Physician _____

Permission to send results to Physician: ☐ Yes ☐ NoIf necessary, permission to rescreen: ☐ Yes ☐ No**I. Hearing Screening Results:** (Please use this space to display results of hearing screenings conducted throughout the year)

Screen Date	Ear	OTO	ECV	TM COMP	MEP	ACOUSTIC REFLEX	1,000 Hz	2,000 Hz	4,000 Hz	OAE	Pass (P) / Fail (F) per ear	Recommendation (use #'s 1-10) See Below	Follow-up to Referral (Date/Result) (use #'s 1-13) See Below	Screening Initials	Audiologist Review	Results entered into Phase III	Notes
	R																
	L																
	R																
	L																
	R																
	L																
	R																
	L																
	R																
	L																

II. Follow-up Recommendations: (Please choose one based on hearing screening results)

1. Rescreen in 12 months unless concerns arise or a change in hearing is noted. Hearing levels appear adequate for speech/language development at this time.
2. Rescreen in 3 months. Hearing levels appear adequate for speech/language development at this time.
3. Rescreen in 4-6 weeks.
4. Refer to Primary Care Physician and rescreen in 4-6 weeks.
5. Refer to Primary Care Physician and rescreen in 3 months.
6. Refer to ENT for medical and audiological evaluation and rescreen in 4-6 weeks.
7. Refer to ENT for medical and audiological evaluation and rescreen in 3 months.
8. Refer to Audiologist and rescreen in 4-6 weeks.
9. Refer to Audiologist and rescreen in 3 months.
10. Other _____
11. IFSP Review

III. Follow-up to Medical and/or Audiological Referral: (Please choose one for each referral made)

1. Physician confirmed medical condition.
2. Physician did not confirm medical condition.
3. Audiologist confirmed hearing loss (conductive, SNHL, mixed).
4. Audiologist reports hearing within normal limits at all frequencies.
5. Pressure equalization tubes placed.
6. Per parent report, medical referral has not been acted upon. Child has not been seen by doctor.
7. Per parent report, medical appointment/follow-up is scheduled, but pending.
8. Per parent report, audiological appointment/follow-up is scheduled, but pending.
9. Per parent report, audiological appointment/follow-up is scheduled, but pending.
10. Phone call to parent. No answer. Left message asking them to call.
11. Phone call to parent. No answer. Did not leave message.
12. Letter sent to parent.
13. Other _____

IV. Risk Factors for Late Onset Hearing Loss Not Present/Noted at Birth: (check all that apply)

- ☐ 1. Parental or caregiver concern regarding hearing, speech, language, and/or developmental delay.
- ☐ 2. Syndromes associated with progressive hearing loss such as Neurofibromatosis, Osteopetrosis, and Usher's Syndrome.
- ☐ 3. Head trauma.
- ☐ 4. Recurrent or persistent Otitis Media with effusion for at least 3 months.
- ☐ 5. Other: _____
- ☐ 6. None

V. Early Intervention Status:

☐ IFSP ☐ IEP ☐ Referred for Developmental Evaluation ☐ No Early Intervention at this time

IFSP/IEP Start Date: (If Applicable) _____

Next IFSP/IEP Annual Review Date: (If Applicable) _____

Other: _____

VI. Known Hearing Loss

☐ Yes ☐ No

VII. Notes:

Legend

DNT = did not test

CNT = could not test

CNE = could not establish

MEP = middle ear pressure

COMP = tympanic membrane (movement) compliance

ECV = ear canal volume (physical size)

OTO = otoscopy

OAE = otoacoustic emissions

Appendix B – EHDI Tracking Software Description (Phase I, III and III)

The goal of the Wyoming Early Hearing Detection and Intervention (EHDI) Program is to provide better outcomes for Wyoming children with hearing loss and their families through early screening, diagnosis, intervention, and tracking.

Phase I

Tracking Newborn Hearing Screening Results

- Software has been in use since 2004
- Nurses at the 21 birthing hospitals in Wyoming screen 98% of newborns for hearing loss before the babies leave the hospital.
- The newborn hearing screening method is an Automated Auditory Brainstem Response (AABR).
- The results of the newborn hearing screenings are reported monthly to the Wyoming EHDI Program.
- Newborns that fail the hearing screening twice at the birthing hospital are referred to an audiologist for a pediatric diagnostic test battery to determine the amount of hearing loss present.
- The use of this software alerts the PCP if their patient fails the newborn hearing screening.
- The use of this software alerts parents if their infant needs follow up.

Phase II

Tracking Diagnostic Results of Children Who Are Referred from the Hospital and Late Onset Hearing Loss Screenings

- Audiologists perform a battery of pediatric diagnostic evaluations to determine the degree of hearing loss for children referred from newborn hearing screenings.
- Web-based reporting of results is available on the EHDI Tracking Software.
- Results for an individual child will be reported to the Wyoming EHDI Program after each audiological appointment and probably will be entered by child development center staff.
- Results will be available to early interventionists that work with children with hearing loss and who have registered with the program.

Phase III

Tracking Hearing Screening Results from Child Development Centers (Late Onset Hearing Loss)

- Screenings are done year-round by personnel at Child Development Centers for children age birth to 5 years of age.
- Screenings include all children who have a developmental screening (“1 before 2”, Child Find, Physician referrals, parent request, etc), children who have an IFSP or IEP.
- Screening methods consist of Otoscopy, Immittance, and Pure Tones or Otoacoustic Emissions (OAE).
- Results will be web-based and reported to the Wyoming EHDI Program.

Appendix C – EHDI Tracking Software Comments Page

Please let us know your comments and/or suggested modifications you would recommend for future Software revisions:

1. _____

2. _____

3. _____

4. _____

5. _____

Please return this completed page to the Wyoming EHDI Program:

Mail to: 715 Shield Street · Laramie, WY 82072

-or-

Appendix D – EHDI Tracking Software “Bugs”/Problems Reporting Page

Please list any “bugs” or problems you encountered while using the EHDI Software: Please be as detailed as possible, i.e., write down exactly what you were trying to do when you encountered the problem, steps you took to get there, etc.

1. _____

2. _____

3. _____

4. _____

5. _____

Report problem(s) to the Wyoming Department of Health Help Desk 307-777-5940

-or-

Please return this completed page to the Wyoming EHDI Program:

Mail to: 715 Shield Street · Laramie, WY 82072

-or-

EHDI Tracking Software Start-up Paperwork

Brent D. Sherard, M.D., M.P.H., Director and State Health Officer

Governor Dave Freudenthal

**Wyoming Department of Health
Developmental Disabilities Division
Early Hearing Detection and Intervention Program
715 Shields Street
Laramie, WY 82072
307-721-6212**

Date _____

Dear Early Intervention Provider:

The Wyoming Department of Health – Developmental Disabilities Division, Early Hearing Detection and Intervention (EHDI) Program, would like to invite you to participate in the Wyoming EHDI Database Project. The Wyoming EHDI Database is operational and currently available to facilities that provide early intervention services for Wyoming children.

The Wyoming EHDI database currently has more than 20,000 Wyoming children's birth hearing screening records stored on the central database. The 21 Wyoming birthing hospitals have made a huge effort to submit hearing screening data. Historical EHDI records since 2004 have been entered into the Wyoming EHDI database.

Early intervention providers/programs expend valuable energy completing and tracking hearing screening results for Wyoming children so that appropriate follow-up occurs. The intent of the Wyoming EHDI Database is to centralize a child's EHDI record so no matter where a child is seen for their next hearing screening or diagnostic audiological evaluation, the early intervention provider has one place to go to obtain a child's complete EHDI record. The results of the hearing screenings obtained by Child Development Center personnel may be directly entered into the EHDI database through the web application.

There are several useful management tools available to the service providers through the EHDI Database web application. These tools include:

- ⌚ Child's individual EHDI birth record
- ⌚ Risk factors present at birth as they relate to late onset hearing loss
- ⌚ History of subsequent hearing screening results for each individual child
- ⌚ Printable reports of the child's hearing screening results
- ⌚ Monthly submission of hearing screening data to WY EHDI program
- ⌚ "To Do" List for managing the early intervention facility's hearing screening list

The Wyoming Department of Health is a covered entity under HIPAA. Data sharing agreements with the providers will protect the confidentiality of the EHDI record. User ID and passwords will be established to allow early intervention program staff access to the EHDI database. Copies of the data sharing agreements are enclosed for your reference.

The Wyoming EHDI Program staff are available to discuss the opportunity for you to participate with the Wyoming EHDI Database. They are also available to conduct an onsite demonstration of the web application, if needed. Please call us at 307-721-6212 to discuss any needs you may have as it pertains to the Wyoming EHDI Database.

This is a great opportunity for the Wyoming Department of Health – Developmental Disabilities Division, EHDI Program to partner with early intervention program staff to further improve the quality of development for Wyoming children with hearing loss. We look forward to working with you. Please call if you have any comments, questions or concerns regarding the enclosed paperwork.

Sincerely,

Sara Mofield
Early Intervention Program Manager

Nancy Pajak, M.S. CCC-A
EHDI Project Manager

Sarah Fitzgerald
EHDI Follow Up Coordinator

Enclosures:
Provider Enrollment Agreement
Individual User and Confidentiality Agreement

**Wyoming Department of Health
Developmental Disabilities Division
Early Hearing Detection and Intervention Program
715 Shields Street
Laramie, WY 82072
307-721-6212**

Provider Enrollment Agreement

The Wyoming Early Hearing Detection and Intervention (EHDI) Program uses a web-based database operated by the Wyoming Department of Health (WDH) Developmental Disabilities Division, EHDI Program. Enrolled providers can obtain hearing information for children, including tracking and recall. Child information is confidential and is only available to the authorized users of the registry. The hearing screening records of all children in Wyoming may be included in the system with parental consent. An individual or parent or guardian may choose not to have their child's records included in the database or withdraw at any time. Should a parent decide to discontinue EHDI database participation, the parent must complete an *Opt-Out* form. The original copy is maintained in the provider's office and a copy sent to the Wyoming EHDI Program.

The authority to prescribe rules and regulations for the management and control of newborn hearing screening is contained in Wyoming Statute 35-4-801 and 35-4-802.

Name of Provider Organization:		Type of Organization: Public _____ Private _____
Number of Early Intervention Sites in Organization:		
Provider/Organization's Representative:		
Title of the Organization's Representative:		
Street address:		
City:	State:	Zip:
Phone: ()	FAX: ()	E-mail:

As a condition of participating in the Wyoming EHDI Database the above Provider enters into this agreement with the Wyoming Department of Health, and agrees to the following:

- To use the Wyoming EHDI Database only for the hearing needs of children. The Provider and his or her staff will access the registry to:
 - Assure appropriate follow-up hearing screenings,
 - Assure appropriate medical follow-up,
 - Assure appropriate audiological diagnostic evaluations,
 - Assure appropriate enrollment in early intervention,
 - Conduct ongoing audiological management.
- If this agreement is violated by any use of the database in an unauthorized manner, WDH reserves the right to terminate access to the database.

- The Provider shall abide by the requirements in the Individual User and Confidentiality Agreement, which is incorporated by reference into this agreement. Each staff member needing access to the Wyoming EHDI Database must sign the Wyoming EHDI Individual User and Confidentiality Agreement, which must be kept with the employee's Personnel File.
- The Provider acknowledges that unauthorized disclosure of confidential information may result in civil and/or criminal penalties. The Provider will take all reasonable steps to assure employee compliance with confidentiality requirements.
- The Provider shall cooperate with WDH in notifying parents or guardians about the system.
- The Provider shall furnish specified demographic and hearing information about children's hearing screenings on a prompt basis, striving for submission within one week after screening results are obtained.

Signing this form signifies agreement to be a Wyoming EHDI Program authorized user. Please sign the form, keep a copy for yourself, and mail the original to the Wyoming Department of Health, Developmental Disabilities Division, EHDI Program, 715 Shield Street, Laramie, WY 82072.

Signature of Provider or Authorized Representative

Date

Signature of Wyoming Department of Health
Developmental Disabilities Division
Program Representative

Date

Signature of Wyoming EHDI Program Manager

Date

Wyoming Department of Health
Developmental Disabilities Division
Early Hearing Detection and Intervention Program
715 Shield Street
Laramie, WY 82072
307-721-6212

Individual User and Confidentiality Agreement

This form shall be signed by any employee needing access to the state EHDI database. It defines requirements to maintain confidentiality and the employee's agreement to abide by the system's rule. The signed copy is to be kept with the Employee's Personnel File.

The Wyoming Early Hearing Detection and Intervention (EHDI) Program is implemented by the Wyoming State Department of Health under the authority of Wyoming Statutes 35-4-801 and 35-4-802. It provides the authority to prescribe rules and regulations for the management and control of early hearing detection and tracking. The Wyoming EHDI program uses a web-based database operated by the Wyoming Department of Health (WDH), Developmental Disabilities Division, EHDI program.

All information in the system is confidential, and all users have a responsibility to abide by confidentiality laws. Users who violate these laws will have access to the Wyoming EHDI database immediately revoked by the Program Manager. An incident report will be filed, and following investigation, appropriate action taken, which may include civil and/or criminal penalties.

Each individual user must sign this form prior to receiving a User ID and password. All users shall safeguard his/her user ID and password, and agree to not give a user ID and/or password to others, or to post a user ID and password on any place. **When an authorized user leaves this site, the site manager or designee must fax the Remove User form to the Wyoming EHDI Program office within twenty-four (24) hours of the employee's last day of employment.**

By signing this form, the User acknowledges the conditions under which access to the Wyoming EHDI Program is granted, and agrees to be held to the following conditions:

- Child specific information is only available to authorized users.
- He/she has read and agrees to abide by the Wyoming EHDI database Individual User and Confidentiality Agreement.
- Information contained in the Wyoming EHDI database is confidential and can only be used for those purposes outlined in the Wyoming EHDI database Provider Enrollment Agreement.
- The Wyoming EHDI database user IDs and passwords should be changed every regularly to protect security.
- The computer should not be left unattended when a Wyoming EHDI database session is open.
- Always log off and close the browser when you are finished with a Wyoming EHDI database session.

Individual User and Confidentiality Agreement

By signing this form, the User acknowledges the conditions under which access to the Wyoming EHDI Program is granted, and agrees to be held to these conditions.

Each field listed below is required.

Print Employee Name

Email Address

User Name (can be first and last name)

Preferred Password (7 characters min.)
(Must include 1 number and 1 letter. Do not use spaces)
PLEASE PRINT CLEARLY
Note: Passwords are case sensitive.

Role

- ☐ Late Onset Hearing Loss Data Clerk
- ☐ Late Onset Hearing Loss Screener
- ☐ Physician
- ☐ Audiologist

Region Number _____

Primary Site (i.e. Basin, Afton, etc.)

Other Sites (i.e. Worland and Thermopolis, Mountain View and Kemmerer, etc.)

Primary Work Mailing Address

Primary Work Phone Number

Street Address

City, State Zip Code

Employee Signature

Date

Date of most recently attended Hearing Screening Training Workshop _____

Please sign this form, keep a copy for yourself, and mail the original to the Wyoming Department of Health, Developmental Disabilities Division, EHDI Program, 715 Shield Street, Laramie, WY 82072.

Appendix F

Wyoming Child Development Centers

PERMISSION FORM TO SCREEN AND INCLUDE IN DATABASE

I understand that the state of Wyoming maintains a screening results database. The benefits of the database are to ensure appropriate screening, follow-up and referral processes. Screening records are only accessible by authorized personnel. Records will not be released to other sources without my written permission.

Parent/Guardian Signature_____

Date_____