

Wyoming	
EARLY	
Hearing	WYOMING EHDI - INFORMATION SYSTEM (EHDI-IS):
DETECTION &	USER MANUAL FOR LATE ONSET HEARING LOSS (LOHL)
INTERVENTION	HEARING SCREENING AND FOLLOW-UP
(EHDI)	
Program	

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I. Welcome

The Wyoming EHDI-IS is a database that contains both hearing and vision screening information for children in Wyoming. The purpose of this database is to provide a hearing/vision health history for children screened in Wyoming and to assist screeners in conducting appropriate and timely follow-up. Medical, audiological, and developmental management provides the children with the opportunity to develop to their highest potential.

The EHDI staff would like to thank you for the submission of your LOHL child hearing screening data to the EHDI-IS. Your work ensures that Wyoming children with hearing loss are identified as early as possible and helps to make sure children in Wyoming receive critically needed follow-up.

This manual is designed to give you step-by-step instructions on how to enter hearing screening data into the Wyoming EHDI-IS for the children under your care. If you have questions about the EHDI-IS or screening system in Wyoming, please contact the Wyoming EHDI office. We can be reached by phone (307-721-6212) or email (info@wyomingehdi.org).

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

II. Getting Started

i. Registering to Use the Wyoming EHDI-IS



To register and obtain a user name and password for the EHDI-IS you will need to complete the "Individual User Confidentiality Agreement". To obtain this form:

- Visit <u>www.wyomingehdi.org</u> and click on the "Wyoming EHDI-IS" tab.

- In the "Paperwork to access the Wyoming EHDI-IS" section, click on the button that best describes your employment setting and/or profession.

- Complete the paperwork and return it to:

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

- The completed paperwork may be faxed to the Wyoming EHDI Program (307-721-6313); however, the signed original must be on file in the Wyoming EHDI office.

- Please retain a copy of the paperwork for your records.

- You will receive an email when your Wyoming EHDI-IS account has been created.

ii. Logging into the Wyoming EHDI-IS

Wyoming Early Hearing Detection & Intervention	
Log In User Name: cdctest Password:	

The login page for the Wyoming EHDI-IS is here: <u>https://ehdi.health.wyo.gov/</u>. Note that it is "https" rather than "http", which means there is a secure encrypted connection between the State of Wyoming's server and the web browser you are using.

Enter your user name and password in the corresponding boxes.

Your password is case sensitive. You will be locked out if you enter an incorrect password more than three times. If you get locked out, contact the Wyoming EHDI Program by calling 307-721-6212 or sending an email to info@wyomingehdi.org.

iii. Individual User and Confidentiality Agreement

	Wyoming Early Hearing Detection & Intervention	TE P
ñ 1		
Hom	me Search Maintenance Logout	
div	ividual User and Confidentiality Agreement	
The Dep pre pro (Wy Inte	ne Wyoming Early Hearing Detection and Intervention (EHDI) Program is imple epartment of Health under the authority of Wyoming Statutes 35-4-801 and 35- escribe rules and regulations for the management and control of early hearing ogram uses a web-based database, the Wyoming EHDI Tracking, Surveillance Vyoming EHDI – IS) operated by the Wyoming Department of Health (WDH), B tervention and Education program, EHDI program.	mented by the Wyoming State 4-802. It provides the authority to detection and tracking. The e, and Information System ehavioral Health Division, Early
All oth mai last Wy	I users shall safeguard his/her user name and password, and agree to not give hers, or to post the user name and/or password on any place. When an author anager or designee must notify the Wyoming EHDI Program staff within twenty st day of employment. By signing this form, the User acknowledges the conditi- yoming EHDI – IS is granted, and agrees to be held to the following conditions	the user name and/or password t ized user leaves the facility, the -four (24) hours of the employee's ons under which access to the :
1. C 2. H 3. II in tl 4. T 5. T 6. A	Child specific information is only available to authorized users. He/she has read and agrees to abide by the Wyoming EHDI – IS Individual Us Information contained in the Wyoming EHDI – IS is confidential and can only be the Wyoming EHDI – IS Individual User and Confidentiality Agreement. The Wyoming EHDI – IS passwords should be changed regularly to protect se The computer should not be left unattended when a Wyoming EHDI – IS sess Always log off and close the browser when you are finished with a Wyoming E	ser and Confidentiality Agreement. be used for those purposes outline ecurity. ion is open. HDI – IS session.
Clic	icking on the box "I Agree" button at the end of this constitutes your acceptanc ad creates a binding and enforceable contract between the user and the WDH.	e of the terms of this Agreement
	➡ □ I agree to the terms of the Confidentiality Agree	ment
	Continue	

When you log in for the first time, you will see what is expected of you to safeguard the confidential information found in the Wyoming EHDI-IS. Please read this carefully. If you agree to these terms, click on the box and then press the "Continue" button. This Individual User and Confidentiality Agreement expires after 90 days, so you are asked to read and agree to these terms approximately every three months.

iv. Home Page



Above is the appearance of the home/landing page. The welcome message is sincere. Thank you for all you do to help infants, toddlers, and preschoolers in Wyoming!

Search/Add Child



To enter a child's hearing screening data into the EHDI-IS, or to search for a child in the system hover over the "Search" navigation item and click on the "Search by Child" sub navigation item.

Home Search Maintenance Logout Child Search Last Name Date of Birth @	130	e child's last name, gender, date of birth in the fields	Wyoming Early Wyoming Early Enter the cl and date	
Select Last Name Date of Birth 3		Logout	me Search Maintenance Logo Id Search	c
Sex O Male O Pemale		Date of Birth	Last Name Sex © Male © Female	elect

To enter a child's hearing screening data into the EHDI-IS system, on the child search page, enter in the child's last name, date of birth and sex; then click on "Search". Please complete all data fields before clicking search.

	young curry	Hearing Detectio	on & Intervention		2
ñ 📾					
Home	Search	Maintenance	Logout		
hild S	ioarch				

If your search returned the message "No children match search criteria", this means the child you are searching for is not in the system or you have not searched by their legal name. Please note as of 2011 every child born in Wyoming is in the system under their legal name, to avoid creating duplicate records please check with the parent that you are using their legal name. If you receive the message and have searched by the child's legal name click on the "Quick Add" button.

Note: A child can also be added by clicking on the "Add Child" button. This is option is better only if you are adding more profile information such as address, parents' information, etc. "Add Child" will take you to the child information page to complete the profile for this child and then you will have to select add an LOHL screening to get to the screening page. It will save you time and steps by clicking on the "Quick Add" button.

	DI WYON	AIN G Intervention		200
Home Search	h Maintenance	Logout		ALL A
Last Name	Test	Date of Birth	n 1/1/2015	
Sex earch Add Child [Children match search	Male Femal Quick Add h Criteria	e Enter child's first name:		

A box will display asking for the first name of the child. Enter the child's first name in the text field, then click on "OK".

Add LOHL Screening

Julie T	est			
Age	1 years,	1 months, 17 days	Physician	
			Audiologist	
DOB	1/1/2016		Physician Number	
Sex	Female		Guardian Relation	
Hospital			Name	
Details				

Screening Date 2/18/	2017	
Screening Type	• •	
Screener moore, Erin 🔻		
Facility Children's Resource	e Center - Powell ¥	
Tubes Present 🗐		
Screening Method		
Otoscopic 🕑		
I OA	E 💷 Pure Tones 💷 Known Sensory/Neural Hearing Loss - did not test a	cuity
Immittance 🕑		
Acoustic		
Reliex		
ate Onset Hearing Lo	oss Risk Factors	
Description		
Parental or caregiver concern	regarding hearing, speech, language, and/or developmental delay	Unknown 🔻
Syndromes associated with pr	ogressive hearing loss	Unknown *
Head Trauma		Unknown 🔻
Recurrent or persistent otitis n	edia with effusion for at least 3 months	Unknown 🔻
NICU stay longer than 48 hour	and the second	Unknown 🔻
Other [
Screening Results		
Left Result	Pass •	
	Pass •	
Right Result	1. Rescreen in 12 months unless concerns arise or a change in hearing is noted	
Right Result Recommendation		
Right Result Recommendation Notes		
Right Result Recommendation Notes		
Right Result Recommendation Notes		

At this point the system will create the child's profile and display the "LOHL Screening" page for the entering of the LOHL screening results for this child. On the "Add LOHL Screening" page enter all the information for the screening and any notes.

Screening Results	
Left Result	Pass v
Right Result	Pass v
Recommendation	1. Rescreen in 12 months unless concerns arise or a change in hearing is noted ▼ 1. Rescreen in 12 months unless concerns arise or a change in hearing is noted 2. Rescreen in 3 months 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/IEP review 2.
Save Cancel	12. Rescreen in 3 months to monitor tubes/middle ear

Note: The follow-up recommendation is very important to enter and based on the action choosen there will be follow-up tasks created and placed on a task list (you can search for your follow-up actions list under "Search By Follow-up Actions"). The chart below provides guidance for selecting the appropriate recommendation. Once all the information has been entered, click on "Save".

Recommendation	When to use
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	
Refer to Audiologist and rescreen in 4-6 weeks	
Refer to Audiologist and rescreen in 4-6 weeks	
Other	
IFSP/IEP Review	
Rescreen in 3 months to monitor tubes/middle	
ear.	

Julie	Test								
Age		1 years, 1 m	onths, 17 days	Physician Audiologist					
DOR		1/1/2016		Eye Professio	nal				
Sex		Female		Guardian Rela	tion				
Hospital				Name					
Details									
Update Child]								
	Lloori								
	Hear	ng							
Hearing E		tions							
Heating P	ollowup Act			Clature	Followille	Correction Data	Due Date	Complet	
	Task	interint		Status	FollowUp	Screening Date	Due Date	Complet	ion Da
	Task Refer to Aud	iologist	esults of Auriology Refer	Status Pending	FollowUp	Screening Date 2/18/2017 2/18/2017	Due Date 2/18/2017	Complet	ion Da
	Task Refer to Aud Determine St Rescreen in	iologist latus and Enter F 4-6 weeks	Results of Audiology Refer	Status Pending rral Pending Pending	FollowUp	Screening Date 2/18/2017 2/18/2017 2/18/2017	Due Date 2/18/2017 3/25/2017 4/1/2017	Complet	ion Da
	Task Refer to Aud Determine St Rescreen in	iologist latus and Enter F 4-6 weeks	Results of Audiology Refer	Status Pending rral Pending Pending	FollowUp	Screening Date 2/18/2017 2/18/2017 2/18/2017	Due Date 2/18/2017 3/25/2017 4/1/2017	Complet	ion Da
Birth Heal	Task Refer to Aud Determine St Rescreen in	iologist latus and Enter F 4-6 weeks	Results of Audiology Refer	Status Pending rral Pending Pending	FollowUp	Screening Date 2/18/2017 2/18/2017 2/18/2017	Due Date 2/18/2017 3/25/2017 4/1/2017	Complet	ion Da
Birth Heal	Task CREfer to Aud CREfer to A	iologist latus and Enter F 4-6 weeks	Results of Audiology Refer	Status Pending rral Pending Pending	FollowUp	Screening Date 2/18/2017 2/18/2017 2/18/2017	Due Date 2/18/2017 3/25/2017 4/1/2017	Complet	ion Da
Birth Heal	Task Refer to Aud Determine Si Rescreen in ring Screen rth screenings	iologist atus and Enter F 4-6 weeks ings Dnset Hearin	Results of Audiology Refer	Status Pending Prading Pending	FollowUp	Screening Date 2/18/2017 2/18/2017 2/18/2017	Due Date 2/18/2017 3/25/2017 4/1/2017	Complet	ion Da
Birth Hear	Task Refer to Aud Determine St Rescreen in Rescreen in rth screenings Child (Late (ning Type	iologist latus and Enter R 4-6 weeks ings Dnset Hearin Left Result	Results of Audiology Refer ng Loss) Screening Right Result	Status Pending Pral Pending Pending IS Screening M	FollowUp	Screening Date 2/18/2017 2/18/2017 2/18/2017 Scree	Due Date 2/18/2017 3/25/2017 4/1/2017 eningDate	Complet	ion Da
Birth Heal No current bi	Task Refer to Aud Determine Si Rescreen in ring Screen rth screenings Child (Late Oning Type nitial	iologist iatus and Enter F 4-6 weeks ings Dnset Hearin Left Result Fail	Results of Audiology Reference ng Loss) Screening Right Result Fail	Status Pending Prai Pending Pending JS Screening M Otoscopic, OAE,	FollowUp	Screening Date 2/18/2017 2/18/2017 2/18/2017 5/18/2017 2/18/2017 2/18/2017 2/18/2017	Due Date 2/18/2017 3/25/2017 4/11/2017 eningDate 18/2017	Complet	Delet
Birth Heal No current bi Periodic C Screer Ir Add LOHL	ollowup Act Task Refer to Aud Determine Si Rescreen in ring Screen rth screenings Child (Late Coning Type nitial Screening	iologist latus and Enter R 4-6 weeks ings Dnset Hearir Left Result Fail	Results of Audiology Refer ng Loss) Screening Right Result Fail	Status Pending rral Pending Pending IS Screening M Otoscopic, OAE,	FollowUp Method	Screening Date 2/18/2017 2/18/2017 2/18/2017 2/18/2017 Scre 2/	Due Date 2/18/2017 3/25/2017 4/1/2017 eningDate 18/2017	Complet Edit	Delet
Birth Hear No current bi Periodic C Screer In Add LOHL	Activity of the second	iologist latus and Enter R 4-6 weeks ings Dnset Hearin Left Result Fail	Results of Audiology Refer ng Loss) Screening Right Result Fail	Status Pending Pral Pending Pending Screening M Otoscopic, OAE,	FollowUp Method	Screening Date 2/18/2017 2/18/2017 2/18/2017 5/18/2017 2/18/2017 2/18/2017 2/18/2017	Due Date 2/18/2017 3/25/2017 4/1/2017 eningDate 18/2017	Complet Edit	Delet
Birth Heal No current bi Periodic C Screer Ir Add LOHL	ollowup Act Task Refer to Aud Determine Si Rescreen in ring Screen rith screenings Child (Late (ning Type nitial Screening cal Diagnos	iologist latus and Enter F 4-6 weeks ings Dnset Hearin Left Result Fail	Results of Audiology Refer ng Loss) Screening Right Result Fail	Status Pending rral Pending Pending IS Screening M Otoscopic, OAE,	FollowUp Method Immittance	Screening Date 2/18/2017 2/18/2017 2/18/2017 2/18/2017 Scre 2/	Due Date 2/18/2017 3/25/2017 4/1/2017 eningDate 18/2017	Complet Edit	Delet
Birth Heal No current bi Periodic C Screen Ir Add LOHL No current at	Task Refer to Aud Determine Si Rescreen in ring Screen rth screenings Child (Late Oning Type nitial Screening Cal Diagnos udiological diagn	iologist latus and Enter F 4-6 weeks ings Dnset Hearin Left Result Fail ttic	Results of Audiology Refer ng Loss) Screening Right Result Fail	Status Pending rral Pending Pending IS Screening M Otoscopic, OAE,	FollowUp Method Immittance	Screening Date 2/18/2017 2/18/2017 2/18/2017 Scre 2/	Due Date 2/18/2017 3/25/2017 4/1/2017 eningDate 18/2017	Edit	Delet
Birth Hear No current bi Periodic C Screer In Add LOHL No current an Add Audiologi	ollowup Act Task Task Refer to Aud Determine St Rescreen in ring Screen ring Screen rith screenings child (Late C ning Type nitial Screening cal Diagnost udiological diagr	iologist iatus and Enter R 4-6 weeks ings Onset Hearin Left Result Fail ttic	Results of Audiology Refer	Status Pending rral Pending Pending JS Screening M Otoscopic, OAE	FollowUp Method	Screening Date 2/18/2017 2/18/2017 2/18/2017 2/18/2017 2/18/2017 2/18/2017 2/18/2017	Due Date 2/18/2017 3/25/2017 4/1/2017 eningDate 18/2017	Edit	Delet
Birth Heat No current bi Periodic C Screer Ir Add LOHL No current at Audiologi No current at Add Audiolo	ollowup Act Task Task Refer to Aud Determine Si Rescreen in ring Screen rth screenings Child (Late Q ning Type nitial Screening udiological diagnostic viagnostic	iologist latus and Enter F 4-6 weeks ings Dnset Hearir Left Result Fail ttic nostics	tesults of Audiology Refer	Status Pending Praim Pending Pending Screening M Otoscopic, OAE,	FollowUp Method	Screening Date 2/18/2017 2/18/2017 2/18/2017 2/18/2017 2/18/2017 2/18/2017 2/18/2017	Due Date 2/18/2017 3/25/2017 4/1/2017 eningDate 18/2017	Edit	Delet

After the screening has been saved the child's profile screen will display. The screening just entered will appear in the "Periodic Child (Late Onset Hearing Loss) Screenings" box.

At this time if there are more screenings to enter for this child, add those now by clicking on the "Add LOHL Hearing Screening" button and enter them just as the first screening was entered.

Please take notice of the "Follow-up Actions" box. This provides the list of follow-up actions that need to be taken for this child as well as a due date for each task. As tasks are completed the items will show a completion date. To complete a task, click on the pencil and pad icon associated with that task.

If you would like to add additional detail about the child such as parent/guardian, address information etc. these details can be added by clicking on the "Update Child" button (see the "update Child" section for details).

Completing Follow-up Tasks

		ricanny					
earin	g Fo	llowup Actions					
	-	Task	Status	FollowUp	Screening Date	Due Date	Completion Date
2	*	Refer to Audiologist	Pending		2/18/2017	2/18/2017	
2 STOP	*	Determine Status and Enter Results of Audiology Referral	Pending		2/18/2017	3/25/2017	
		Rescreen in 4-6 weeks	Pending		2/18/2017	4/1/2017	

To complete a follow-up task, click on the pencil and pad icon associated with the task. This will open up the appropriate screen to guide you through the creation of letters or entering of data to complete the task(s).

Letter Follow-up Tasks

nith		
2 years, 7 months, 12 days	Physician	
1/1/2013	Audiologist Physician Number	
Male	Guardian Relation	
	Name	
	nith 2 years, 7 months, 12 days 1/1/2013 Male	Audiologist 2 years, 7 months, 12 days Audiologist 1/1/2013 Male Guardian Relation Name

For tasks where a letter needs to be generated and sent, you will be directed to the letter generation screen. If there is missing information that is needed for the generation of the letter you will first be

asked to provide that information. Click on the "Resolve" link to be directed to location where the information is to be entered.

				-		*
First Name	Julie		Birth Hospital			
Last Name	Test		Home Birth / Out of Hospital Birth			
Date of Birth	1/1/2016	10	Physician Name	Name		•
Sex	🔘 Male 🔎 Female		Audiologist Name			•
			Eye Professional Nan	ne 📃		•
Deimanulagenera	English 🔻					
Primary Language						
adress into	rmation					
Primary Address	Physical Address				Mailing Address	
Address Line 1		Address Line	1	4	Address Line 1	
A day of the D						
Address Line 2		Address Lille 2			Address Line Z	1
City	State Zip	City	State 2	lip	City	State Zip
	WY		WY			WY
ther Inform	ation					
	auon					
Phone			Gua	rdian		
Transfer Hospital			* Guar	dian Rela	tionship	· •
Region	•		Last	Name		
Child Care Facility	Children's Resource Cente	r - Powell	• First	Name		
Border Baby	•	_	Moth	er s Phor		
		•	Coll C	hone	e	
FastTrack To Diagnos	sis 📖		Cent			
			Gua	rdian 2		
			Guar	dian Rela	tionship	

Complete the information requested (note it is listed in red at the top of the page as a reminder); and click on the "Update Child" button.

vane les		100000000000	
ge	1 years, 1 months, 17 days	Physician Audiologist	
OB	1/1/2015	Eye Professional Division Number	
iex	Female	Guardian Relation	Parent
lospital		Name	Test, Jill
Details			
Generat	e Letters		
	2/18/2017		
	Dear Jill Test,		
	Recently Julie Test hearing was screened. age.	Julie Test results continue to f	all outside the typical range for his
	Enclosed you will find Julie Test most recer enclosed a second copy. We recommended hearing evaluation for Julie Test. If you nee supply that information to you.	nt hearing screening results. Fo that you schedule an appointm ed contact information for audiol	r your convenience we have ent for an complete age appropriate logists, we would be happy to
	Hearing plays a vital and often subtle role in language from listening to others around the language development. If hearing loss exist: language during this period of growth, and ar problems in children are minimal, yet develo loss be identified so that appropriate develop temporary and may be successfully treated	the early development of childr m. The first few years of life arr s, a child may not be able to rec s a result, delays in speech and pmentally significant. It is impo mental management can be pr with medical attention.	en. Children learn speech and e especially critical for speech and event spoken even spoken anguage may occur. Many hearing rtant that even the slightest hearing ovided. Many hearing losses are
	If you have any questions, comments or con conservation program, please contact me or	ncerns about the screening resu the hearing screening technicia	ilts or about our hearing an at (307)999-9999
	Sincerely,		
	CDC Test		
	Hearing Screening Technician		
	Enclosure		
View in Spanish]		
View Printable V			
Include Audiol	logical Fax Back Form		
lotes			

The sytem will then direct you back to the letter generation screen with the letter displayed for your review. In addition to the letter you can choose to include the screening information and a fax back form for office you are reffering to, to provide you the results to enter back in the system. Once the letter is

reviewed and the appropriate attachments have been selected, click on "View Printable Version". This will download a word document that can be opened and printed on the Center's letterhead. Once the letter has been printed, click on the "Submit" button, this will mark the task complete on the task list.

Note: The letters have also been traslated into spanish. If the spanish version is needed click on the "View in Spanish" button for the spanish version to download as a word document for you to print and send.

1000	map	retions						
		Task	Status	FollowUp	Creation Date	Screening Date	Due Date	Completion Date
2	×	Determine Status and Enter Results of Audiology Referral	Pending		8/13/2015	8/13/2015	9/17/2015	
2	*	Rescreen in 4-6 weeks	Pending		8/13/2015	8/13/2015	9/24/2015	
2		Refer to Audiologist	Complete	R	8/13/2015	8/13/2015	8/13/2015	8/13/2015

The child's profile page will display. Please note the Referral task completed will now show as completed with a completion date.

Adding a Rescreening

		rieaning					
earin	g Fo	llowup Actions					
		Task	Status	FollowUp	Screening Date	Due Date	Completion Date
2	×	Refer to Audiologist	Pending		2/18/2017	2/18/2017	
2 500	*	Determine Status and Enter Results of Audiology Referral	Pending		2/18/2017	3/25/2017	
	*	Rescreen in 4-6 weeks	Pending		2/18/2017	4/1/2017	

To complete a rescreening task and a child's rescreening results. Click on the pencil and pad icon next to the rescreening task.

Add LOHL Screening

Screening Details	
Screening Date 2/18/2017	
Screening Type Rescreen V	
Screener moore, Erin V	
Facility Children's Resource Center - Powell V	
Tubes Present	
Screening Method	
Otoscopic 🗷	
OAE Pure Tones Known Sensory/Neural Hearin	g Loss - did not test acuity
Immittance 🗷	
Acoustic Reflex	
NORCA	
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 V
Head Trauma	Unknown 🔻
Recurrent or persistent otitis media with effusion for at least 3 months	Unknown 🔻
NICU stay longer than 48 hours	Unknown 🔻
Other	
Screening Results	
Screening Results Left Result Pass ▼	
Screening Results Left Result Pass • Right Result Pass •	
Screening Results Left Result Pass • Right Result Pass • Recommendation 1. Rescreen in 12 months unless concerns arise or a chain	nge in hearing is noted ■
Screening Results Left Result Pass • Right Result Pass • Recommendation 1. Rescreen in 12 months unless concerns arise or a characteristic sector of a characteristic s	nge in hearing is noted
Screening Results Left Result Pass • Right Result Pass • Recommendation 1. Rescreen in 12 months unless concerns arise or a characteristic structure of the structure of	nge in hearing is noted
Screening Results Left Result Pass • Right Result Pass • Recommendation 1. Rescreen in 12 months unless concerns arise or a character	nge in hearing is noted
Screening Results Left Result Pass • Right Result Pass • Recommendation 1. Rescreen in 12 months unless concerns arise or a chase Notes	nge in hearing is noted
Screening Results Left Result Pass • Right Result Pass • Recommendation 1. Rescreen in 12 months unless concerns arise or a chase Notes 1. Rescreen in 12 months unless concerns arise or a chase	nge in hearing is noted
Screening Results Left Result Pass • Right Result Pass • Recommendation 1. Rescreen in 12 months unless concerns arise or a cha Notes Image: Concerns arise or a cha	nge in hearing is noted 🔹

The system will direct you to the LOHL screening entry page where you can enter in the results of the rescreen just as you did the first screen. Once complete click on the "Save" button, the screening information will save and task will be marked complete. Please note based on the results you will need to enter a recommendation again that will create the appropriate follow-up tasks.

Adding a Diagnostic

l				Task	Status	FollowUp	Screening Date	Due Date	Completion Date
ĺ	2		*	Rescreen in 4-6 weeks	Pending		N/A	2/18/2017	
	2	STOP	*	Determine Status and Enter Results of Audiology Referral	Pending		N/A	2/18/2017	
	3			Refer to Audiologist	Complete		2/18/2017	2/18/2017	2/18/2017
ĺ	3			Refer to Audiologist	Complete	2	N/A	2/18/2017	2/18/2017
				Send passive refusal letter - Hearing Rescreening	Cancelled		2/18/2017	3/20/2017	
ĺ				Determine Status and Enter Results of Audiology Referral	Cancelled		2/18/2017	3/25/2017	
l				Rescreen in 4-6 weeks	LTFU		2/18/2017	4/1/2017	

To complete the entering of a diagnostic for an Audiologist or Medical referral follow-up task; click on the pencil and pad icon next to the task.

Diagnosti	tic Type Audiological Audiologist	
Evaluation	on Date 2/18/2017 Facility	•
Screening	g Period	
LOHL	•	
Left Ear	Right Ear	
Hearing L	Loss Type Hearing Loss Type	Ŧ
Degree of	of Hearing Loss Degree of Hearing Los	s 📉 🔻
Slope of H	Hearing Loss Unknown Slope of Hearing Loss	Unknown
Recom	mendations	
	Medical	
	Amplification	
	Audiology Follow Up Schedule	
	Pressure Equalization Tubes (when present)	
	School Age Children	
	Additional Recommendations	
	Hearing Screening Followup Location	
	Hearing Screening Followup Type	
	Developmental Screening Referrals	
	Other	
	<u>.</u>	
Tests		
	Case History	
	Otoscopy	
	OAE	
	ToneBurst ABR	
	Click ABR	
	Immittance	
	Auditory Steady State Response	
	Conditioned Play Audiometry	
	Pure Tone Audiometry	
	These results were obtained by using	
	Visual Reinforcement Audiomety	
	Behavioral Observation Audiometry	
	Sedation	
Notes		

For follow-up tasks where diagnostic information is to be collected as the result of a referral; the appropriate (Audiological or Medical) "Add Diagnostic" page will display. Please complete the screen

providing as much information as was provided to you on either the fax back form or other document. Once complete, click on the "Add" button. This will then save the information and mark the task complete.



Eye Professional

To create a follow-up task outside of a screening, when on a child's profile, hover over "Child" in the navigation bar and select "Add Action Item" in the dropdown.

Add Action	Item			
Action Itom Tuno				
Accountern Type	DHL V			
Action item Rescree	in in 12 months unless concerns arise or a	a change in hearing is noted	_	
Facility	•			
Due Date	10			

Once on the "Add Action Item" page select the "Action Item Type" by clicking on the dropdown box. These items include: LOHL, Vision or ISFP based on your role. Then click on the dropdown box for the "Action Item" and select the appropriate task you wish to associate with this child. Select the facility and due date for when the task should be completed by and click on "Add Action Items". This will then create the tasks and display them in the "Follow-up Actions" on the child's profile.

Passive Refusal Canceling Follow-up Tasks

		Hearing					
earing	g Fo	Ilowup Actions	Status	FollowUp	Screening Date	Due Date	Completion Date
2	×	Refer to Audiologist	Pending		2/18/2017	2/18/2017	
	*	Determine Status and Enter Results of Audiology Referral	Pending		2/18/2017	3/25/2017	
		Description of the second seco	Pending		2/18/2017	4/1/2017	

When a parent is unresponsive to follow-up communications (letters, phone calls, etc.) and it is known task will be unable to be completed, that task can be marked the task as "passive refusal lost to follow-up". To cancel a task due to parent passive refusal, click on the stop sign icon associated with the task. This will open up a dialog window.



The dialog window will ask "are you sure you want to mark this item as passive refusal by the parent?" if this was the intent, click on either the "Yes, I want to write in the child's note section" or "Yes, I do not want to write in the child's note section." By clicking either one of those Yes items the task will be marked passive refusal and will be cancelled. If the stop sign button was clicked by mistake, click on the "No, I do not want to make the task as passive refusal" and the child's profile will display and the task will not be marked passive refusal.



If "you want to write in the note section" was selected, notes screen will display. Add the note in the note text box and then click "Add Note". The note will be added to the child's profile.

	BHD yoming Early	Hearing De	YOMIN etection & Interven	C-J tion'	1
Home	Search	Child	Maintenance	Reports Logout	
		Child Vie	w (10)	a bar and a set	
		Add Actio	on Item		
Julie	Test	Early Inte	ervention		
Age		Notes	ays	Physician	
-		Docume	nts	Audiologist Eye Professional	

To get back to the main child profile screen hover over the "Child" navigation item and click on the "Child View" sub navigation.

		Task	Status	FollowUp	Screening Date	Due Date	Completion Date
3	×	Send passive refusal letter - Hearing Rescreening	Pending		2/18/2017	3/20/2017	
3 0	×	Determine Status and Enter Results of Audiology Referral	Pending		2/18/2017	3/25/2017	
3		Refer to Audiologist	Complete	3	2/18/2017	2/18/2017	2/18/2017
	N	Rescreen in 4-6 weeks	LTFU		2/18/2017	4/1/2017	

The child's profile page will display. Notice the task marked passive refusal is now marked "LTFU" (Lost to follow-up). Also, please notice there is a new task to send a passive refusal letter that must be completed as part of this process. To complete that task click on the pencil and pad icon complete the letter, print and send to the parents.

Canceling Follow-up Tasks

	Hearing					
earing F	Dilowup Actions Task	Status	FollowUp	Screening Date	Due Date	Completion Date
Z X	Refer to Audiologist	Pending		2/18/2017	2/18/2017	
7 ×	Determine Status and Enter Results of Audiology Referral	Pending		2/18/2017	3/25/2017	
		Dending		2/18/2017	4/1/2017	

If it is known that a task will not be completed, the task can be cancelled. To cancel a follow-up task click on the "X" icon associated with the task. This will open a dialogue box.

Are you sure you want to cancel this item? I	f so, please tell us	why.			
Update Child					
Hearin					
Hearing Followup Act Submit Cancel					
Task	Status F	FollowUp	Screening Date	Due Date	Completion Date
Send passive refusal letter - Hearing Rescreening	Pending				
The Matermine Status and Enter Desuits of Audiology Deferral					

The dialogue box will ask "Are you sure you want to cancel this item? If so, please tell us why.". To cancel the task, enter the reason for cancelling in the text box area and click on the "Submit" button. If the cancel button was clicked in error, click on the "Cancel" button and nothing on the profile will change.

		Task	Status	FollowUp	Screening Date	Due Date	Completion Date
2	×	Send passive refusal letter - Hearing Rescreening	Pending		2/18/2017	3/20/2017	
3		Refer to Audiologist	Complete		2/18/2017	2/18/2017	2/18/2017
	\rightarrow	Determine Status and Enter Results of Audiology Referral	Cancelled		2/18/2017	3/25/2017	
		Rescreen in 4-6 weeks	LTFU		2/18/2017	4/1/2017	

Once the reason has been entered, the child profile page will appear and the follow-up task will be marked as "Cancelled".

Update Child Information

Home Search	Maintenance	Logout			T	
	Than nor harros	Logous				
hild Informa	ation					
First Name	John					
Last Name	Test		Home Birth / Out of Hospital Birth			
Date of Birth	1/1/2015	10	Physician Name		•	
Sex	Male O Female		Audiologist Name		•	
Primary Language	Other •					
,						
ddress Info Primary Address Address Line 1	rmation	Physical Add	dress e 1	Mailing Address Address Line 1		
ddress Info	rmation	Physical Add Address Lin	iress e 1 e 2	Mailing Address Address Line 1 Address Line 2		
ddress Info	rmation	Physical Add Address Lin Address Lin	dress ie 1 ie 2	Mailing Address Address Line 1 Address Line 2		
ddress Info Primary Address Address Line 1 Address Line 2 City	state Zip	Physical Add Address Lin Address Lin City	dress ie 1 ie 2 State Zip	Mailing Address Address Line 1 Address Line 2 City	State Zip	
ddress Info Primary Address Address Line 1 Address Line 2 City	state Zip	Physical Add Address Lin Address Lin City	dress e 1 e 2 State Zip	Mailing Address Address Line 1 Address Line 2 City	State Zip	
ddress Info Primary Address Address Line 1 Address Line 2 City City City	state Zip	Physical Add Address Lin Address Lin City	tress le 1 le 2 State Zip WY	Mailing Address Address Line 1 Address Line 2 City	State Zip	
ddress Info Primary Address Address Line 1 Address Line 2 City ther Inform	state Zip	Physical Add Address Lin Address Lin City	dress ie 1 ie 2 State Zip	Mailing Address Address Line 1 Address Line 2 City	State Zip	
ddress Info Primary Address Address Line 1 Address Line 2 City City Cher Inform Phone Transfer Hospital	rmation State Zip WY ation	Physical Add Address Lin Address Lin City	dress e 1 e 2 State Zip WY Guardia	Mailing Address Address Line 1 Address Line 2 City an Relationship	State Zip	
ddress Info Primary Address Address Line 1 Address Line 2 City City Cither Inform Phone Transfer Hospital Region	rmation State Zip WY	Physical Add Address Lin Address Lin City	dress e 1 e 2 State Žip WY Guardia Guardia Last Nar	Mailing Address Address Line 1 Address Line 2 City an n Relationship	State Zip	
ddress Info Primary Address Address Line 1 Address Line 2 City ther Inform Phone Transfer Hospital Region Child Care Facility	rmation State Zip WYY ation	Physical Add Address Lin Address Lin City	dress e 1 e 2 WY Guardia Last Nar	Mailing Address Address Line 1 Address Line 2 City an n Relationship me	State Zip	
ddress Info Primary Address Address Line 1 Address Line 2 City ther Inform Phone Transfer Hospital Region Child Care Facility Border Baby	rmation State Zip WY ation	Physical Add Address Lin Address Lin City	dress e 1 e 2 State Zip WY Guardia Last Narr First Nan Mother's	Mailing Address Address Line 1 Address Line 2 City City ne ne Phone	State Zip	

If there is more information such as address, parent names, ect that need to be entered for a child click on the "Update Child" button. The system would open the "Child Information" screen. Enter in the information the child. If a child failed their hearing screening it is important to enter in the child's parent/guardian information including contact information and address(es). This will help to make sure the parent/guardian receives all the necessary follow-up information.

When all the information has been added click on "Update Child", this will save the information entered.

Creating Notes

Wyoming Early	Hearing Detection & Interv	n Cl ention	 5
Home Search	Child Maintenance	Reports Logout	
	Child View		
	Add Action Item		
Julie Test	Early Intervention		
Age	Notes	Physician	
	Documents	Audiologist Eye Professional	

To create or view a note(s) on a child's profile, when on the child's profile, hover over "Child" in the navigation bar and select "Note" in the dropdown.

A	ducara dimentina d7 dava	Dhusisian		
Age	1 years, 1 months, 17 days	Audiologist		
		Eve Professional		
DOB	1/1/2016	Physician Number		
Sex	Female	Guardian Relation	Parent	
Hospital		Name	Test, Jill	
Details				
atiant Notas				
atient Notes	2			
te Date 2/18/2017	12:57:01 PM			
is is a test note for	passive refusal.			
earing Diagn	ostic Notes			
er Name cdctest	2 7 1+12+54 DM			
ser Name cdctest2 ote Date 2/18/2017 oferral was cancell	2 7 1:12:54 PM led because: cancel test.			
er Name cdctest2 ote Date 2/18/2017 ferral was cancell	2 1 1:12:54 PM led because: cancel test.			
er Name cdctest te Date 2/18/2017 ferral was cancell	2 11:12:54 PM led because: cancel test.			
er Name cdctest ote Date 2/18/2017 ferral was cancell dd Note	2 11:12:54 PM led because: cancel test.			
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er Name cdctest te Date 2/18/2017 ferral was cancell dd Note	2 1:12:54 PM led because: cancel test.			

On the notes screen view the notes that have been added or add a new note by typing in the Add Note text box. Once the note is complete click on the "Add Note" button, and the note will be added to the child's profile.

Note: Notes added to a child's profile cannot be deleted so please pay extra attention to the notes you are entering. If there is a major mistake made on a note such as putting the wrong note on the incorrect child's profile, please contact the WY EDHI staff.

Adding Documents

Wyoming Early		/INC	'n	-
Home Search	Child Mainte	nance	Reports Logout	
	Child View		Ng	
	Add Action Item			
Julie Test	Early Intervention			
Age	Notes	ays	Physician	
-	Documents		Audiologist Eve Professional	

To add or view a document(s) on a child's profile, when on the child's profile, hover over "Child" in the navigation bar and select "Documents" in the dropdown.

Age	Tyears, Thionuis, Truays	Audiologist		
		Eye Professional		
DOB	1/1/2016	Physician Number		
Sex	Female	Guardian Relation	Parent	
Hospital		Name	Test, Jill	
Datala				
Details				
dd Dooumon	+			

On the documents screen view the documents that have been added or add a new document clicking on the "choose file" button. Browse to the document you would like to add and click on the open button. Then in the system click on the "Add Document" button.

Add Docul	nent			
Choose File	No file chosen			
chicose i ne				
0.00 11000000				
Add Documen	실			T
Add Documen	File Name	User Name	Date	

Once the document is added you will see it in the document list. To view a document in the list click on the file name and the document will download to your computer for viewing.

To delete a document that was added by mistake or to the wrong profile. You can delete the document by clicking on the "x" next to the file name of the document.

Logging out of the EHDI-IS

CHDIWYDMING Wyoming Early Hearing Detection & Intervention	

Once you have completed entering in all the updates in the EHDI-IS, you should logout of the system. Logout of the system by click on the "Logout" button in the top navigation.



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. If you should have any questions or comments please feel free to contact the Wyoming EHDI Office. We appreciate all your hard work.

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