

Iowa Newborn Screening Program (INSIS) Database Training

May 3, 2016 – 2-3:30PM

May 10, 2016 – 9-10:30AM

This documentation is the confidential and proprietary intellectual property of OZ Systems, Inc. All screenshots are ©OZ Systems. All Rights Reserved 2016. Any unauthorized use, reproduction, preparation of derivative works, performance, or display of this document, or software represented by this document is strictly prohibited. OZ Systems and the OZ Systems logo design are trademarks and/or service marks of OZ Systems. All other trademarks, service marks, and trade names are owned by their respective companies.

HOUSEKEEPING

- Attendance
 - Submit name & facility in the Q&A area.
 - If you would like a certificate of attendance, please indicate this when submitting your name.
- To Submit a Question
 - Submit questions regarding functionality in the Q&A area.
 - Questions will not be answered during the training
 - Questions submitted will be posted in an FAQ on the EHDI website (<http://www.idph.iowa.gov/ehdi>) or emailed by June 7, 2016.
 - Questions that require an immediate answer, should be mailed to EHDI staff (contact info. at the end)
- Recording
 - Will be recording today's webinar.
 - The link to the recording will be provided at a later date.



PRESENTERS

Tammy O'Hollearn

Iowa Department of Public Health

EHDI State Coordinator

PHONE: 515-242-5639

EMAIL: tammy.ohollearn@idph.iowa.gov

Shalome Lynch

Iowa Department of Public Health

Follow Up Coordinator

PHONE: 515-725-2160

EMAIL: shalome.lynch@idph.iowa.gov



PURPOSE OF THIS TRAINING



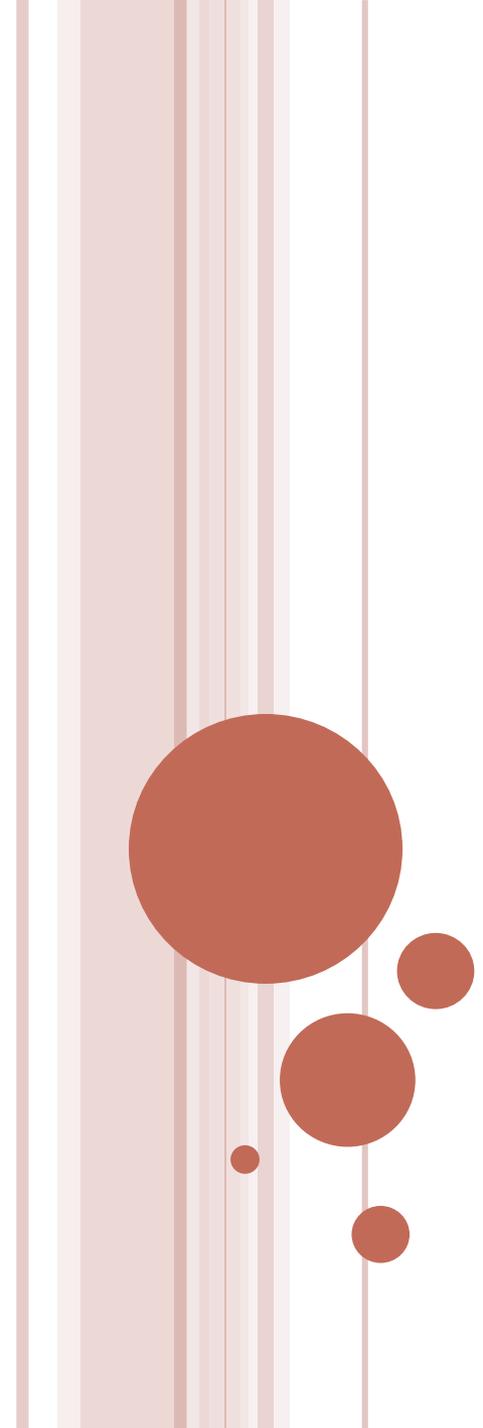
- Familiarize users with additional functionality in integrated system
- “Hands on” demonstration within the new system
- Opportunity to ask questions in advance of going live!



TRAINING OBJECTIVES:

- Demonstrate how to login to the new integrated system
- Demonstrate how to search for a patient
Demonstrate how to update information in a patient's record
- Demonstrate how to add your facility to a record you do not have access too
- Demonstrate how to upload a document
- Demonstrate how to refer a child to early intervention
- Identify who to contact with system questions



The left side of the slide features a decorative design consisting of several vertical stripes in shades of brown and tan. Below these stripes, there are five solid brown circles of varying sizes arranged in a cluster. The largest circle is at the top left, with smaller circles positioned below and to its right, creating a sense of depth and movement.

WHAT IS INSIS?

INSIS IS...

- Aka: Iowa's Newborn Screening Information System
- A collaborative effort of three newborn screening programs:
 - EHDI (hearing screening)
 - CCHD (pulse oximetry)
 - DBS (heel stick)
- An integrated surveillance system that is:
 - Web-based
 - Reliable
 - Expandable
 - User friendly
- A system that will replace EHDI eSP™ and the DBS database.
- Used by birthing facilities to report data to the state health department as required by law for the programs mentioned above.
- Used to ensure infants needing fup receive needed fup in a timely manner.
- System used to perform data analysis (1-3-6 goals), look for trends, provide technical assistance to birthing facilities and audiologists about best practices
- A system that will be used to replace paper reporting
- A system that lead to a partnership between three newborn screening programs which resulted in collaborations:
 - Shared logo
 - Combined brochure



COMBINED BROCHURE (FRONT)

What will my baby be screened for?

AMINO ACIDEMIAS

- Argininosuccinic aciduria (ASA)*
- Citrullinemia, type 1 (CIT)*
- Homocystinuria (HCY)*
- Maple syrup urine disease (MSUD)*
- Classic phenylketonuria (PKU)*
- Tyrosinemia, type I (TYR-1)*

ORGANIC ACIDEMIAS

- Glutaric acidemia type I (GA-1)*
- 3-Hydroxy 3-methylglutaric aciduria (HMG)*
- Isovaleric acidemia (IVA)*
- 3-Methylcrotonyl-CoA carboxylase (3-MCC)*
- Methylmalonic acidemia - cobalamin disorders (Cbl-A,B) & methylmalonyl-CoA mutase deficiency (MUT)*
- β -Ketothiolase (β KT)*
- Propionic acidemia (PROP)*
- Holocarboxylase-synthetase deficiency (MCD)*

ENDOCRINE

- Congenital adrenal hyperplasia (CAH)*
- Primary congenital hypothyroidism (CH)*

* Secretary's Advisory Committee on Heritable Disorders in Newborns and Children (SACHDNHC) Recommended Uniform Screening Panel - Core Panel

More information continued on next side...

Dried Blood Spot Screening

What is the screen looking for? The dried blood spot screening looks for a variety of genetic and inherited disorders. A list can be seen on the insert.

How is the screen done? A few drops of blood are taken from your baby's heel and put on a special paper. The state public health laboratory then does the testing.

How will I find out the results? The Newborn Screening Program will notify your baby's health care provider. If there is an abnormal result, you will get a call letting you know the next steps. Ask about your baby's dried blood spot results at your first well child check.

What if my baby does not pass? Don't panic! If you get a call from your baby's health care provider, it does not always mean your baby has one of these medical conditions. It is important to take your baby for repeat testing as soon as possible.

What happens to the blood after screening? Left-over blood specimens may be available for additional testing if your baby should need it. It may also be used to ensure quality testing and to improve newborn screening results.

With consent from a parent or legal guardian, the blood specimen may also be used for research purposes. If you do not want your baby's left over blood spots stored after the screening is done, please contact the Iowa Department of Public Health at the phone number or address below for assistance.

Contact

Iowa Newborn Screening Programs
Bureau of Family Health
Iowa Department of Public Health
321 East 12th Street
Des Moines, IA 50319
Phone 1-800-383-3826

Need help remembering the results?

Use the space below to record your baby's newborn screening results.

Dried Blood Spot	Passed	Not Passed
Follow-up appointment:	/ /	/ /
Notes:		
Hearing Screen	Passed	Not Passed
Follow-up appointment:	/ /	/ /
Notes:		
Pulse Oximetry	Passed	Not Passed
Follow-up appointment:	/ /	/ /
Notes:		

To learn more about newborn screening, visit <http://idph.iowa.gov/genetics/public/newborn-screening>



Iowa Department of Public Health
Newborn Screening Programs
1-800-383-3826

Iowa Newborn Bloodspot
Screening Follow up Program
1-866-890-5965



To order more brochures, call the Healthy Families Line at 1-800-389-2229.

Iowa Newborn Screening Program



COMBINED BROCHURE (BACK)

Iowa Newborn Screening

Newborn screening is a way to identify babies who may have serious medical conditions. These conditions are often treatable, but may not be visible at birth. Early treatment of these conditions can prevent against more serious illness, disability or death. Newborn screening tests include:

- Dried Blood Spot Screening (Genetic or Congenital Disorders)
- Hearing Screening
- Pulse Oximetry Screening (Critical Congenital Heart Disease)

Due to the importance of catching these conditions early, state law requires that newborns receive the screens listed above. If you have questions, please refer to the appropriate contact information.

If your baby does not pass a newborn screen, it is crucial that you follow-up as recommended. Early detection and intervention will result in the best possible outcome for your baby.



Hearing Screening

What is the screen looking for? The hearing screen is a quick and effective way to determine if your baby can hear sounds needed to learn language.

How is the screen done? Hearing screening is safe and will not hurt. It can be done in about 10 minutes. There are two types of screens done for hearing loss depending on the equipment available to the hospital or local audiologist, AABR and OAE. Neither test will make your baby uncomfortable, and they are often done while your baby is asleep.

How will I find out the results? A health care provider/audiologist will talk with you about the results of your baby's screening. Please make sure you tell your provider the name of your baby's primary care provider so they can send them the results. If your baby passed the hearing screen, you should continue to look for signs of late onset hearing loss.

What if my baby does not pass? If your baby does not pass or is missed at the birth screen, make sure he or she is screened as soon as possible. Please take your baby back to the birth hospital or audiologist for a hearing screen within two weeks. It is important to find hearing loss quickly, because babies whose hearing loss is not found early may have a hard time learning language. Simply watching your baby startle or responding to sound is not a substitute for a formal hearing screen.

Contact for assistance locating providers

Iowa Family Support Network
1-888-425-4371

Iowa Department of Public Health
1-800-383-3826

Pulse Oximetry Screening

What is the screen looking for? The pulse oximetry screen looks for low levels of oxygen in the blood that may indicate a problem with the heart or lungs. Critical congenital heart disease occurs when a baby's heart does not develop normally.

How is the screen done? Pulse oximetry is fast, simple and accurate. It can be used on babies soon after they are born. Hospital nursery staff will do the screening when the baby is at least 24 hours old. A small sensor is placed on the baby's right hand and left foot allowing a connected device to measure the baby's oxygen level.

How will I find out the results? Your baby's doctor or a nurse will tell you the results of the pulse oximetry newborn screen.

What if my baby does not pass? Your baby will not pass if:
-Your baby has a low level of oxygen.
-There is a 3 percent difference between the reading in your baby's hand and foot.

At this point, a complete physical examination will be completed to determine why your baby did not pass the screen. There may be several reasons, including respiratory problems or infections.

Contact

Iowa Department of Public Health
1-800-383-3826

What will my baby be screened for? (cont.)

FATTY ACID OXIDATION DISORDERS

- Carnitine uptake defect & Carnitine transport defect (CUD)*
- Long-chain L-3 hydroxyacyl-CoA dehydrogenase (LCHAD)*
- Medium chain acyl-CoA dehydrogenase deficiency (MCAD)*
- Trifunctional protein deficiency (TFP)*
- Very long-chain acyl-CoA dehydrogenase deficiency (VLCAD)*

HEMOGLOBINOPATHIES

- Sickle cell anemia (Hb SS)*
- Hemoglobin SC disease (Hb SC)*
- Sickle beta-thalassemia (Hb Sβ)*

OTHER

- Biotinidase deficiency (BIOT)*
- Cystic fibrosis (CF)*
- Classic galactosemia (GALT)*
- Severe combined immunodeficiencies (SCID)*

* Secretary's Advisory Committee on Heritable Disorders in Newborns and Children (SACHDNC) Recommended Uniform Screening Panel - Core Panel

For more disorder specific information go to:
<https://www.sh.luiowa.edu/screening/newborn/disorderslist.xml>



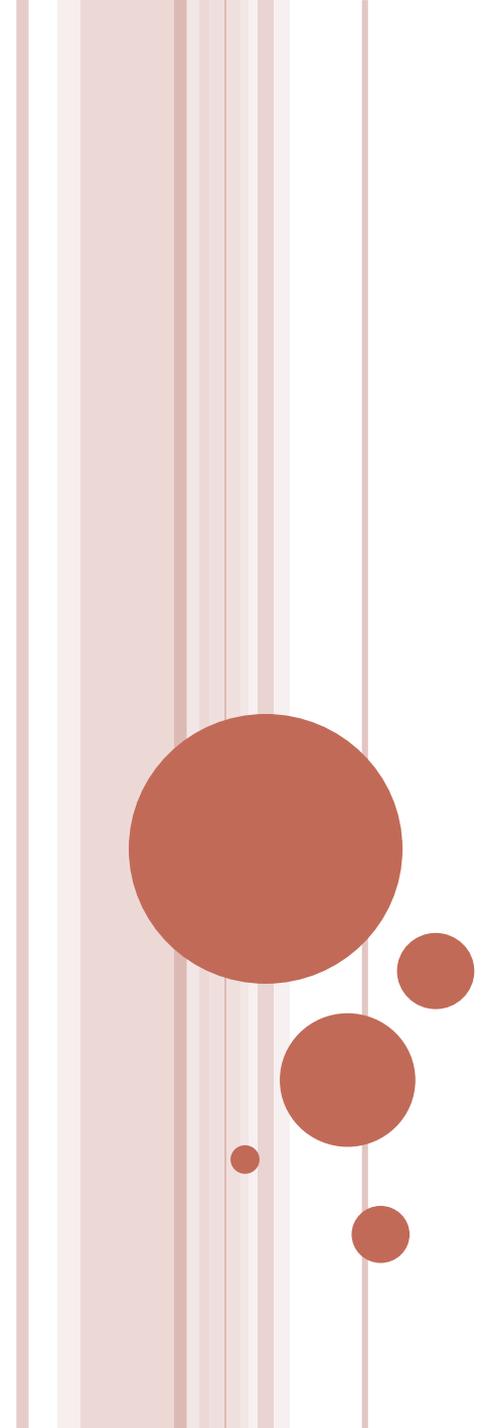
SHARED LOGO



REMINDERS!!

- The website link will be changing.
- Will have to delete the old link and save the new link.
- New link will be:
 - <https://iowanewbornscreening.iowa.gov>
- The “GO LIVE” date is June 7.
- The old system will go down on **June 3** and the new system will not be available until June 7.
- Tokens will need to be returned to IDPH once the new system is up and running
 - Guidance on how to turn in tokens will be provided after June 3.



The slide features a decorative left margin with a vertical gradient bar transitioning from light to dark brown, several thin vertical lines, and a cluster of five solid brown circles of varying sizes. The main content is centered on the right side of the slide.

LOGIN, HOMEPAGE, & MENU OPTIONS

<https://iowanewbornscreening.iowa.gov>

SYSTEM LOGIN

 Iowa Department of Public Health
Secure Access Portal

NO TOKENS NEEDED

Token User Name:

Token Password and Pin:

© 2011 OZ Systems. All rights reserved.

NOTICE

This system is property of the Iowa Department of Public Health and is for Authorized Use Only.
All software data transactions and electronic communications are subject to monitoring.



SYSTEM SECURITY

- Unique username for each user
 - Usernames will be assigned by IDPH
 - Strong Passwords
 - Requires a mix of capital, lowercase letters, numbers, and/or special characters
 - Requires at least 6-35 characters
 - System requires user to change PW every 120 days
 - Do NOT share passwords
 - Access Rights
 - A user can only see those records and modules that are assigned to their specific user account.
 - System tracks users and their footprint in the system
- 

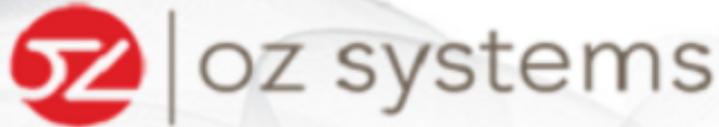
SYSTEM LOGIN

- Two-step authentication is still required
- Moving away from tokens to security questions. (similar to what is used by online banking)
- Initial log in process:
 - Choose 2 security questions
 - Set answers for the security questions
 - Enter your email address
 - Used to send the security answers, if forgotten
 - Accept User Agreement
 - Agreeing to confidentiality and terms
- First step of logging in:
 - Username
 - Password
- Second step of log in:
 - Enter the answers for your security questions



SYSTEM LOGIN

WELCOME.



Please login below using your eScreener Plus username and password. If you have problems logging in please contact the helpdesk at 1-800-383-3826

[MORE INFO](#) 

[Iowa Newborn Screening Program](#)

USERNAME:

PASSWORD:

Login Now

OZ Systems e-Screener Plus v.4.1
© 2003-2016, all rights reserved
-IAEHDI 2015 UAT-



CHOOSING YOUR 2 SECURITY QUESTIONS

Please answer your security questions:

What was the name of your first pet?

What is your father's middle name?

In what city were you born?

What is the name of the last high school you attended?

What is your mother's birthday?

In what city was your high school?



Email (This email address will be used to reset your account if needed)

test@idph.iowa.gov

Submit



SET ANSWERS FOR YOUR SECURITY QUESTIONS

Please answer your security questions:

What was the name of your first pet?

pet

In what city was your high school?

school

Email (This email address will be used to reset your account if needed) .

test@idph.iowa.gov

Thank you for setting up your eSP security questions and answers. Your login credentials will be saved. For future logins, you will be required to enter your Username, Password and your 2 Security Questions Answers.

Next



ACCEPT USER AGREEMENT

System User Agreements

INSIS Authorized Individual User Agreement

INSIS Authorized Individual User Agreement



Iowa Department of Public Health
Promoting and Protecting the Health of Iowans

Dee L. Crotz, MPA
Director

Tony E. Swanson
Governor

Kim Reynolds
U.S. Governor

Iowa Newborn Screening Information System (INSIS) Confidentiality Policy

INSIS is a statewide newborn screening information system managed by the Iowa Department of Public Health's Center for Congenital and Inherited Disorders. INSIS was developed to document family members screening of all Iowa babies. Iowa's newborn screening program includes dried bloodspot screening through the Iowa Newborn Screening Program (INSP), hearing screening through the Early Hearing Detection and Intervention program (EHDI), and screening for critical congenital heart disease (CCHD).

Purpose of confidentiality policy

The purpose of this policy is to address the need to provide appropriate confidentiality protection to the information in INSIS. The confidentiality of this information must be distinguished from issues of privacy. Privacy is concerned with the access individuals have over the release of their personal information. Under INSIS's policy, confidentiality is concerned with how the information provided to INSIS by individuals is accessed, collected, stored, used, and provided to other individuals and organizations.

Definitions

All terms used in this policy have the same meaning as those terms used in the state law and administrative rules that authorize INSIS.

1. "Authorized User" means a user of the INSIS who has completed an enrollment form that specifies the conditions under which the INSIS can be accessed and who has been issued an Identification Code and password by the Iowa Department of Public Health.
2. "Confidentiality" means:
 - a. limiting the collection, access, use, storage, and release of information from provided users to INSIS and from INSIS to provided users in a manner that information will not be shared with non-provided users, and
 - b. information will only be used for the purposes permitted under the applicable laws, rules, and policies.
3. "Newborn Screening Center" means information related to a newborn who receives or who refuses newborn screening in Iowa.

Confidentiality

Based on the law (Iowa Code § 22.7(2) and 641 IAC Chapters 2 and 4), rules, and general principles of confidentiality, the confidentiality policy for INSIS is as follows:

Page 1 of 4 Automatic

I Accept I Do Not Accept

Proceed Cancel

System User Agreements

Agreement acceptance is required for further system access.

Ok Return to Agreements

GETTING STARTED: WELCOME PAGE (AKA MAIN AREA)

- What you will see in the Main Area:
 - A welcome message.
 - Support information for questions and concerns.
 - System Messages.
 - Convenient menu tabs.



WELCOME PAGE

You will only see the modules/tabs applicable to you.

oz systems | Iowa Newborn Screening Programs

Main Area

- home page «
- Patients
- Hearing
- CCHD
- Metabolic
- Professional Contacts
- Letters
- Reminders
- Reports
- Admin

Welcome to eScreener Plus (eSP)

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

If you have any questions while using eSP, support materials can be found by clicking the HELP icon at the left of every screen or the support link at the top of the page. For additional support or questions, please call **1-800-383-3826**.

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

Helpdesk: 1-800-383-3826 Monday, 25 January 2016 | [home](#) [contact](#)

OZ Systems e-Screener Plus 4.1 -- © , **OZ Systems**; all rights reserved



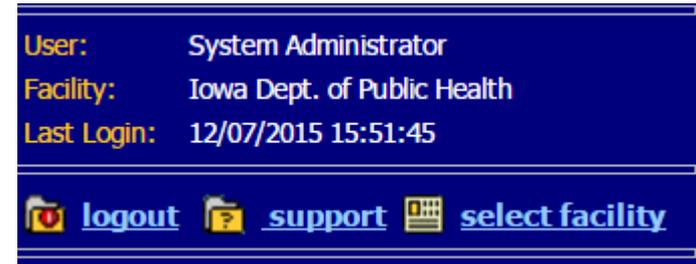
MENU TABS

- Patients – used to add or search for patients, edit patient info., add exam results, access the patient journey, and print to-do-lists.
- Professional Contacts – used to search for a professional contact.
- Letters – used to generate and print letters for patients, physicians, and hearing professionals.
- Reports – used by the program manager to monitor progress.
- Admin – used to change your password and settings for data entry. Also, used by the program manager to manage screeners.



MENUS AND TOOLS

- **Login Information:** Upper left hand corner displays information on the current user, facility, and last login date. Look here to verify you have logged into the correct facility.
- **Quick Links:** Located in the upper right hand corner allow the user to return to current patient record, current search results and current exam import files quickly without having to navigate through the menu tabs.
- **Menu Bar:** Each Menu tab contains a sub menu. (Click on menu bars to show differences in sub menus).
- **Help:** Help related to the current page can be accessed by clicking on the help box in the lower left hand corner of the menu bar. In addition, the Support link under the Login Information will display a list of general help items.
- **Support Contacts:** The OZ System Help desk number is listed at the bottom of the screen. The user may also email the Help desk by clicking on the Contact email icon. A 24 hour response time can be expected.

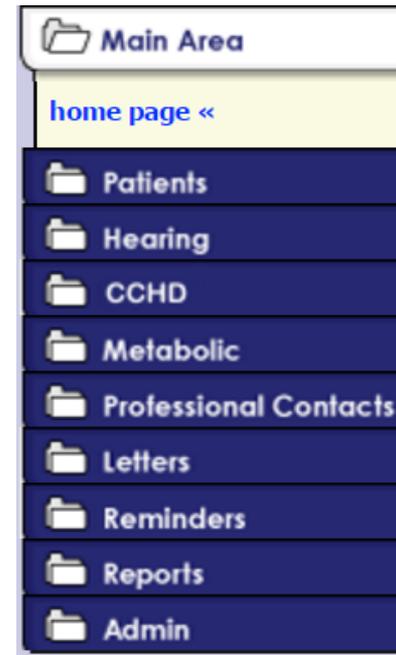


User: System Administrator
Facility: Iowa Dept. of Public Health
Last Login: 12/07/2015 15:51:45

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



quick links: [select a page](#) ▼



Main Area

[home page <<](#)

- [Patients](#)
- [Hearing](#)
- [CCHD](#)
- [Metabolic](#)
- [Professional Contacts](#)
- [Letters](#)
- [Reminders](#)
- [Reports](#)
- [Admin](#)



MY USER PROFILE

- Set personal preferences and defaults
 - Devices
 - Menu — Setting Your Home Page
 - Change Password

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

Zipcode:

Phone & Extension: **Ext.**

Fax:

E-mail:

Device Defaults:

current default device:
testing location | testing services provider

testing technique | technology employed | equipment used



Location Defaults:

use facility defaults

use facility defaults

Nursery Defaults:

use facility defaults

Menu Defaults:

your menu preferences for:
Iowa Dept. of Public Health

home page (current) MAIN section
new search (current) PATIENTS section
hearing journey (current) HEARING section
CCHD Exams to Assign (current) CCHD section
metabolic journey (current) METABOLIC section
contact search (current) PROFESSIONAL CONTACTS section
view hearing letters (current) LETTERS section
hearing reminders (current) REMINDERS section
annual report setup (current) REPORTS section
manage screeners (current) ADMIN section

New Password: (enter new password)
 (verify)

SEARCH FOR A PATIENT

Main Area

Patients

add patient
current patient
new search
current search
current search results
search other facilities
import new patient files
imported patient files
import VSA files
merge patients
manage general notes

Hearing

CCHD

Metabolic

Professional Contacts

Letters

Reminders

Reports

Admin

Help

Patient Search Criteria:

Name: [a] x [a] (Last name, First name)
wildcard searches are permitted using the percent symbol (e.g. Smi%)

Birth Cert. ID: [] **Medical Record No. :** []

Lab No.: []

Date of Birth: born between: [04/11/2016] and []

Confidential ID: []

Patient Location:
 inpatient
 outpatient
 either

Birth Admission:
 in process
 complete
 either

Nursery : check all
 Well Baby
 NICU
 Other

Additional Search Criteria:
Use the buttons below to apply more advanced search criteria to your patient search.

General Child Information:	Hearing:	Metabolic:	CCHD:
<input type="button" value="Professional Contacts"/>	<input type="button" value="Patient Status"/>	<input type="button" value="Patient Status"/>	
<input type="button" value="Demographics"/>	<input type="button" value="Test Results"/>	<input type="button" value="Test Results"/>	<input type="button" value="CCHD"/>
	<input type="button" value="Hearing Risks"/>	<input type="button" value="Case Management"/>	
	<input type="button" value="Case Management"/>		



CURRENT SEARCH RESULTS

Main Area

Patients

- add patient
- current patient
- new search
- current search
- current search results** «
- search other facilities
- import new patient files
- imported patient files
- import VSA files
- merge patients
- manage general notes

Hearing

CCHD

Metabolic

Professional Contacts

Letters

Reminders

Reports

Admin

Help

Note: Using the sort options at the top of the search results will re-sort your entire result set and return you to page one of your search results.

	Name	Birth Cert. ID	Medical Record No.	BirthDate	Nursery
view	asdf, asdfaf		3452345	04/11/2016	Well Baby

total patients found: 1

GENERATE REPORT TO-DO EXPORT RESULTS MODIFY SEARCH NEW SEARCH < PREV 1 ▾ NEXT >



REVIEW A RECORD

User: Shalome Lynch Facility: [redacted]

current search results
search other facilities
import new patient files
imported patient files
import VSA files
merge patients
manage general notes

Main Area
Patients

add patient
current patient «
new search
current search
current search results
search other facilities
import new patient files
imported patient files
import VSA files
merge patients
manage general notes

Hearing
CCHD
Metabolic
Professional Contacts
Letters
Reminders
Reports
Admin

Help

Demographics:
Date of Birth: 04/11/2016
Place of Birth: Bob's Playground
GA: 32
Birth Weight: 500 (g)

Location:
 Inpatient
 Outpatient
Discharge Date: [redacted] [Set] [v]

Core Risks
Cranio-facial anomalies U
Exchange transfusion for elevated bilirubin U
Family hx of childhood hearing loss U
NICU > 5 days U
Other Risks (0)

Primary Contact Details:
Ms. Mom Smith (Mother)
123 Sesame St
Des Moines, IA 50314
Phone: 515-555-5555
Email Address: momsmith@gmail.com [redacted]
Language: English
Mother's DOB: 01/01/1980
Education:

Last General Case Note:
Sample general user note
View/Add Case Notes (1)

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

Professional Contacts:

	Name	Service Type	Phone
View Remove	AEA - Green Hills	Early ACCESS (IDEA, Part C)	712-366-0503
View Remove	Bob's Playground	Birth Screen Provider	123-123-1235

Add Professional Contact

Hearing Outcome: Unilateral Hearing Loss - In Process

Metabolic Outcome: Not Done

Case Management Case Management

CCHD Outcome: Missed

— JAEHOI 2016 UAT. — Helpdesk: 1-800-383-3826 Thursday, 14 April 2016 | home contact

OZ Systems e-Booster Plus 4.1 — © OZ Systems, all rights reserved

You will only see the options applicable to you

REVIEW A RECORD

➔
🔊
Hearing
Outcome: Unilateral Hearing Loss - In Process

Case Details

Consent: Full

Patient Summary:

Patient Outcome:	In Process
Hearing Outcome:	Unilateral Hearing Loss - In Process
Consent:	Full
Nursery:	Well Baby

Screening Summary:

	Right	Left
OAE	ND	ND
AABR	ND	ND

Tasks:

- Letters To Produce
- Appointments Required
- Contact Info Required and Present

Last Hearing Case Note: View/Add Case Notes (0)

no note available

Reminders: View/Update Hearing Reminders (2)

Risks: Edit Risks (0)

Cranio-facial anomalies	U	Congenital Syphilis confirmed in baby	U
Exchange transfusion for elevated bilirubin	U	Congenital Toxoplasmosis confirmed in baby	U
Family hx of childhood hearing loss	U	ECHO	U
NIQU > 5 days	U	Head Injury	U
Apgar 0-4 at 1 minute	U	Neurodegenerative Disorder	U
Apgar 0-6 at 5 minutes	U	Other Congenital Infection	U
Assisted Ventilation	U	Other postnatal infection	U
Bacterial or Viral Meningitis	U	Otitis media > 3 months (middle ear infection)	U
Birth weight < 1500g	U	Ototoxic medications administered	U
Congenital CMV confirmed in baby	U	Parental concern regarding hearing status	U
Congenital Herpes confirmed in baby	U	Syndrome	U
Congenital Rubella confirmed in baby	U		

➔ Metabolic
Outcome: Not Done

➔ Case Management
Case Management

➔ CCHD
Outcome: Missed

— JAEHOI 2016 UAT — Helpdesk: 1-800-383-3826 Thursday, 14 April 2016 | [home](#) [contact](#)



CASE MANAGEMENT

- Case management module allows for:
 - Tracking of events: letters, phone calls, emails, faxes
 - Logging of correspondence with various provider types and patient contacts
 - Entering of notes on content of correspondence
 - Monitoring of case management staff



CASE MANAGEMENT

[ADD PROFESSIONAL CONTACT](#)

 Hearing 

Outcome: Bilateral Hearing Loss - In Process

 Metabolic 

Outcome: Not Done

 Case Management 

Case Management

[Hearing Case Management Details](#)

[NBS Case Management Details](#)

 CCHD 

Outcome: Missed

CASE MANAGEMENT

User: Shalome Lynch

Facility: Iowa Dept. of Public Health

Last Login: 04/20/2016 10:40:27

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

Child Information

quick links:

Main Area

Patients

add patient
current patient «
new search
current search
current search results
search other facilities
import new patient files
imported patient files
import VSA files
merge patients
manage general notes

Hearing

CCHD

Metabolic

Professional Contacts

Letters

Reminders

Reports

Admin

Patient: **BABYBOY 440046, BABYBOY (Male)**
Birth Cert. ID **NA** Medical Record No. **MRN 440046**
Lab No. Age **5 Months 4 Days 20 Hours**
Date of Birth **11/14/2015**

[Edit Patient](#)

Hearing Case Management

[Add New](#)

[View Case Management Notes](#)

Demographics:

Date of Birth: **11/14/2015**
Place of Birth: **Genesis Medical Center**
GA: **39**
Birth Weight: **3289 (g)**
Birth Facility: **HOSPITAL**

Patient Summary:

Patient Outcome	In Process
Hearing Outcome	Bilateral Hearing Loss - In Process
Consent	Full
Nursery	Well Baby

Core Risks

Cranio-facial anomalies **U**
Exchange transfusion for elevated bilirubin **U**
Family hx of childhood hearing loss **U**
NICU > 5 days **U**

[Other Risks \(0\)](#)

Patient Contacts:

Patient Professional Contacts:

[Return to Child Information Page](#)



ENTERING A CASE MANAGEMENT EVENT

- Enter the Date
- Log To/From
- Select the Event
 - Email
 - Face to Face
 - Fax/Faxback Form
 - Letter
 - Phone Call
 - Text
- Provide a Result
- Document Facility and Staff

Child Information quick links: select a page

Patient: **BABYBOY 440046, BABYBOY (Male)**
Birth Cert. ID **NA** Medical Record No. **MRN 440046**
Lab No. Age **5 Months 4 Days 21 Hours**
Date of Birth **11/14/2015**

Hearing Case Management

Date: 04/20/2016 11:00

Event: Please Select

To: Iowa Dept. of Public Health

From: Audiologist

Reason: Please Select

Result: Address - Incorrect/Missing
Awaiting Results
Contact Information Updated
Could Not Reach Family
Data Entry Error
Deceased
Discrepancy in Results
Early ACCESS Refused

Facility: Please Select

Created By: [v]

Please select

- AEA - Green Hills
- AEA 1-Keystone
- AEA 10-Grantwood
- AEA 11-Heartland
- AEA 12-Northwest
- AEA 267
- AEA 8-Prairie Lakes
- AEA 9-Mississippi Bend
- AEA-Great Prairie
- Audiology Consultants - Davenport
- Audiology Consultants - Muscatine
- Audiology Services and Hearing Aid Center
- Avera McKennan-SD
- Berry Hearing Aid and Audiology Centers
- Boys Town National Research Hospital
- Burlington ENT Clinic, PC
- Cedar Valley Medical Specialists
- Covenant Medical Center
- Davenport Community Health Care
- Des Moines Pediatric and Adolescent Clinic
- Des Moines Public Schools
- Dubuque ENT
- ENT Clinic of Iowa
- ENT Consultants/Hearing Services-SD
- ENT Medical Services - Iowa City
- ENT of SE Iowa, PC
- ENT Professional Services, PC
- Franciscan Skemp-WI
- Genesis Medical Center

VIEWING AND EDITING CM EVENT

- Overview on Case Management Home page.

Case Management:

Edit / View	Date & Time	Event	To	From	Facility	Notes
Edit	07/08/2014 03:00 PM	Letter	Contacts	Minnesota Newborn Screening Program	Test Hospital	

[Add New](#) [View Case Management Notes](#)

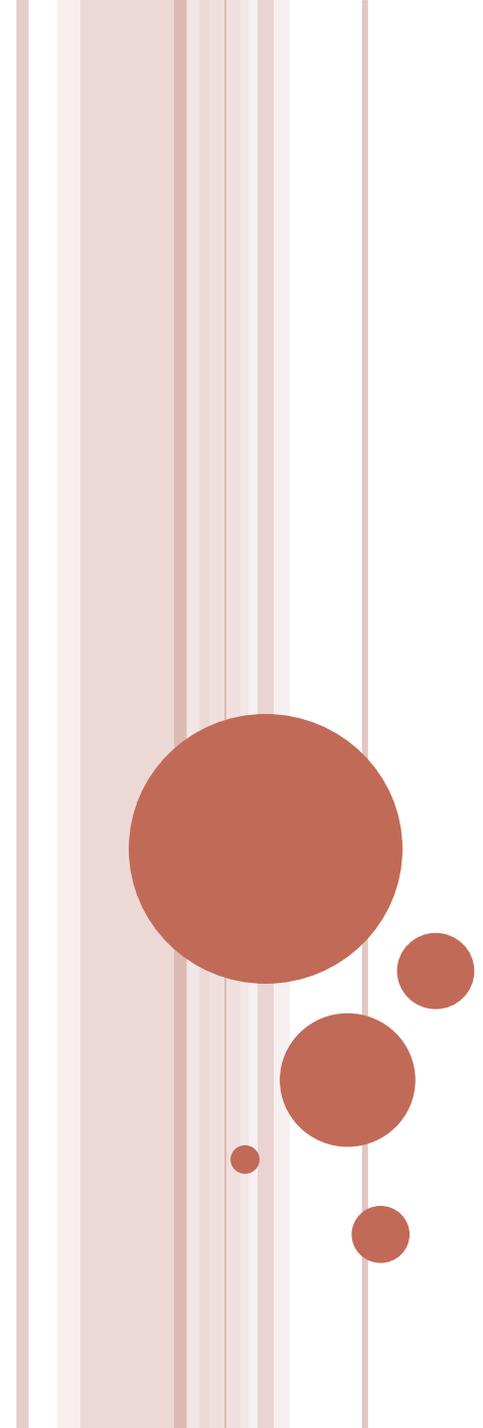
Demographics: Date of Birth: 06/26/2014 Place of Birth: Sesame Street Hospital GA: 40 Birth Weight: 3950 (g) Birth Facility: Hospital	Patient Summary: <table border="1"><tr><td>Patient Outcome</td><td>In Process</td></tr><tr><td>Hearing Outcome</td><td>Unilateral Hearing Loss - In Process</td></tr><tr><td>Consent</td><td>Full</td></tr><tr><td>Nursery</td><td>Well Baby</td></tr></table>	Patient Outcome	In Process	Hearing Outcome	Unilateral Hearing Loss - In Process	Consent	Full	Nursery	Well Baby	Core Risks Cranio-facial anomalies U Exchange transfusion for elevated bilirubin U Family hx of childhood hearing loss U NICU > 5 days U Other Risks (0)
Patient Outcome	In Process									
Hearing Outcome	Unilateral Hearing Loss - In Process									
Consent	Full									
Nursery	Well Baby									

Patient Contacts: 

Patient Professional Contacts: 

[Save and Return to Child Information Page](#)



A decorative vertical bar on the left side of the slide, featuring a gradient from light to dark brown. It is adorned with several solid brown circles of varying sizes, arranged in a vertical line. The largest circle is at the top, followed by a smaller one, then a medium-sized one, and a small one at the bottom. The text "NEW FUNCTIONALITY" is positioned to the right of this bar.

NEW FUNCTIONALITY

SEARCH OTHER FACILITIES

quick links: select a page ▾

Main Area

Patients

- add patient
- current patient
- new search
- current search
- current search results
- search other facilities**
- import new patient files
- imported patient files
- import VSA files
- merge patients
- manage general notes

Hearing

CCHD

Metabolic

Professional Contacts

Letters

Reminders

Reports

Admin

Help

Patient Search Criteria:

Name: (Last name, First name)
wildcard searches are permitted using the percent symbol (e.g. Sm%)

Birth Cert. ID: **Medical Record No.:**

Lab No.:

Date of Birth: born between: and

Confidential ID:

Patient Location:

- inpatient
- outpatient
- either

Birth Admission:

- in process
- complete
- either

Nursery:

- Well Baby
- NICU
- Other

Additional Search Criteria:
Use the buttons below to apply more advanced search criteria to your patient search.

General Child Information:	Hearing:	Metabolic:	CCHD:
<input type="button" value="Professional Contacts"/>	<input type="button" value="Patient Status"/>	<input type="button" value="Patient Status"/>	
<input type="button" value="Demographics"/>	<input type="button" value="Test Results"/>	<input type="button" value="Test Results"/>	<input type="button" value="CCHD"/>
	<input type="button" value="Hearing Risks"/>	<input type="button" value="Case Management"/>	
	<input type="button" value="Case Management"/>		

SEARCH OTHER FACILITIES

User: Shalome Lynch Facility: Iowa Dept. of Public Health Last Login: 04/25/2016 13:03:07 [logout](#) [support](#) [select facility](#)

quick links:

- Main Area
- Patients
 - add patient
 - current patient
 - new search
 - current search
 - current search results
 - search other facilities <<
 - import new patient files
 - imported patient files
 - import VSA files
 - merge patients
 - manage general notes
- Hearing
- CCHD
- Metabolic
- Professional Contacts
- Letters
- Reminders
- Reports
- Admin

Search Patients at Other Facilities:

Either Confidential ID or Name (Patient or Contact), DOB and Birth Facility must be entered.

Confidential ID:

Last Name:

Date of Birth:

Primary Contact's Last Name:

Birth Facility:

Either Confidential ID or Name (Patient or Contact), DOB and Birth Facility must be entered to search other facilities



--- JAEHDI 2015 UAT --- Helpdesk: 1-800-383-3828 Monday, 25 April 2016 | [home](#) [contact](#)



SEARCH OTHER FACILITIES

User: Shalome Lynch Facility: Iowa Dept. of Public Health Last Login: 04/25/2016 13:03:07 [logout](#) [support](#) [select facility](#)

quick links:

Main Area

Patients

- add patient
- current patient
- new search
- current search
- current search results
- search other facilities <<
- import new patient files
- imported patient files
- import VSA files
- merge patients
- manage general notes

Hearing

CCHD

Metabolic

Professional Contacts

Letters

Reminders

Reports

Admin

Help

Search Patients at Other Facilities:

Confidential ID:

Last Name:

Date of Birth:

Primary Contact's Last Name:

Birth Facility:

Submit Search

Either Confidential ID or Name (Patient or Contact), DOB and Birth Facility must be entered to search other facilities

Search Results:

	Name	Gender	Birth Facility	Birth Date	Primary Contact
<input type="button" value="View"/>	Baby, Test	Female	Mercy Medical Center - Des Moines	04/24/2016	Mom, Test

— JAEHDI 2015 UAT — Helpdesk: 1-800-383-3826 Monday, 25 April 2016 | [home](#) [contact](#)



SEARCH OTHER FACILITIES

Users: Shalome Lynch Facility: Iowa Dept. of Public Health Last Login: 04/25/2016 13:03:07 [logout](#) [support](#) [select facility](#)

quick links:

- Main Area
- Patients
 - add patient
 - current patient
 - new search
 - current search
 - current search results
 - search other facilities «
 - import new patient files
 - imported patient files
 - import VSA files
 - merge patients
 - manage general notes
- Hearing
- CCHD
- Metabolic
- Professional Contacts
- Letters
- Reminders
- Reports
- Admin

Patient Name: Baby, Test (Female)

Demographics:

Date Of Birth:	04/24/2016	Birth Facility:	Mercy Medical Center - Des Moines
Hearing Outcome:	In Process		

Primary Contact Details:

Ms. Test Mom (Mother)
111 Test St.
Apt. No. 1
Des Moines, IA 50315

[Return to Other Facility Search Results](#) [Add Self as a Provider](#)

Help

— JAEDI 2015 UAT — Helpdesk: 1-800-383-3826 Monday, 25 April 2016 | [home](#) [contact](#)



SEARCH OTHER FACILITIES

User: Shalome Lynch Facility: Iowa Dept. of Public Health Last Login: 04/25/2016 13:03:07

quick links: select a page

Main Area

- Patients
 - add patient
 - current patient
 - new search
 - current search
 - current search results
 - search other facilities «
 - import new patient files
 - imported patient files
 - import VSA files
 - merge patients
 - manage general notes
- Hearing
- CCHD
- Metabolic
- Professional Contacts
- Letters
- Reminders
- Reports
- Admin

Patient Name: Baby, Test (Female)

Assign Self as New Professional Contact:

Select a Service:

Use the drop-down list below to select the type of service you will be a provider for.

select a service

Cancel Save and View Current Patient Save and Return to New Search

Same as adding a PCP or other professional contact

Help

— IAENDI 2015 UAT — Helpdesk: 1-800-383-3828 Monday, 25 April 2016 | home contact



PATIENT DOCUMENT UPLOAD

- This feature can store documents relevant to the patient's newborn screening care and allow the system to store scanned PDF and other documents with the client record.
- Select **'View/Add Document'** on the child's information page.
- Browse to the file that needs to be imported.

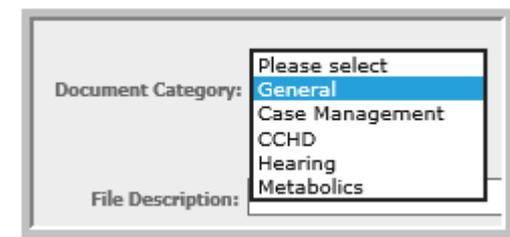


The screenshot shows a horizontal status bar with a grey background and a thin border. On the left side, the text "Last Document uploaded:" is displayed in a bold font, followed by "no document uploaded." in a smaller font. On the right side, there is a button with a red border and the text "View/Add Documents (0)".



PATIENT DOCUMENT UPLOAD

- Select the document category.
- You will only see the arenas of care that you have access to.
- Provide a description of the file that is being uploaded. Ex: *“Audiology Report”*



The image shows a screenshot of a web form for document upload. It features two input fields: 'Document Category:' and 'File Description:'. The 'Document Category:' field has a dropdown menu open, displaying the following options: 'Please select', 'General' (highlighted in blue), 'Case Management', 'CCHD', 'Hearing', and 'Metabolics'. The 'File Description:' field is currently empty.



PATIENT DOCUMENT UPLOAD

- Select Upload and the file will upload.
- If the file was inadvertently uploaded, delete the file by pressing on the red x on the file line that was uploaded.

Please select a file to upload:

Document Category:

File Description: (Max. 25 character)

Upload status: File uploaded!

File Name	Size	Category	Description	Uploaded By	Date Time	
City1-Demo.txt	913.0 bytes	General	Hearing Report	Daussat, Lura	1/20/2016 4:08:25 PM	<input type="button" value="X"/>



REFER TO EARLY INTERVENTION

Main Area

Patients

add patient
 current patient «
 new search
 current search
 current search results
 search other facilities
 import new patient files
 imported patient files
 import VSA files
 merge patients
 manage general notes

Hearing

CCHD

Metabolic

Professional Contacts

Letters

Reminders

Reports

Admin

Help

Screening Results: Enter Manual Screening Results

	Screen Type	Facility	Screeener	Ear	Result	Test Time	Test	In	Ov
view	Outpatient Screen	AEA - Green Hills	Lynch, Shalome	R	Refer	04/10/2016 09:30:40	OAE	M	
view	Outpatient Screen	AEA - Green Hills	Lynch, Shalome	L	Refer	04/10/2016 09:30:40	OAE	M	
view	Birth Screen	Genesis Medical Center	Dibbern, Gail	L	Refer	11/15/2015 09:15:46	OAE	A	
view	Birth Screen	Genesis Medical Center	Dibbern, Gail	L	Refer	11/15/2015 09:13:09	OAE	A	
view	Birth Screen	Genesis Medical Center	Dibbern, Gail	R	Pass	11/15/2015 09:09:23	OAE	A	
view	Birth Screen	Genesis Medical Center	Dibbern, Gail	L	Refer	11/15/2015 09:07:07	OAE	A	
view	Birth Screen	Genesis Medical Center	Dibbern, Gail	L	Refer	11/15/2015 09:03:30	OAE	A	

Assessment:

[view/edit](#) Assessment Data [view/edit](#) Amplification/Intervention Data

Early Intervention Referral:

Parent Advised of Early Intervention Services

Parent Provided with Information on Early Intervention

Notification of Referral Sent Via Fax/Phone/Other

[Go to IA EHDl Website](#)

[Print EI Referral Form](#)

[Return To Child Information Page](#)

REFER TO EARLY INTERVENTION

Patient Outcomes:

Description	Status	Appointment	
Birth Screen	Unilateral Referral		
Outpatient	Not Required		
Risk Monitoring	Not Required		
Audiological Assessment	Bilateral Hearing Loss		
ENT	Required - Not Scheduled	Appointment Required	edit
EI	EI Referral Required	Appointment Recommended	edit
HAB	Make EI referral Parent Refused EI Referral	Appointment Required	edit
Contact Info	Required and Present		

Screening Results:

[Enter Manual Screening Results](#)

	Screen Type	Facility	Screeener	Ear	Result	Test Time	Test	In	Ov
view	Birth Screen	The University of Iowa Hospitals and Clinics	Jorgensen, Erik	R	Pass	11/15/2015 12:36:38	OAE	M	
view	Birth Screen	The University of Iowa Hospitals and Clinics	Jorgensen, Erik	L	Refer	11/15/2015 12:36:38	OAE	M	!

Assessment:

[view/edit](#) Assessment Data

[view/edit](#) Amplification/Intervention Data

Early Intervention Referral:

- Parent Advised of Early Intervention Services
- Parent Provided with Information on Early Intervention
- Notification of Referral Sent Via Fax/Phone/Other

[Go to IA EHDJ Website](#)

[Print EI Referral Form](#)

Patient: Daniel 440062, Daniel (Male)
 Birth Cert. ID NA Medical Record No. MRN 440062
 Lab No. Age 5 Months 9 Days 16 Hours
 Date of Birth 11/14/2015

To make an Early Intervention referral, you must add an Early Intervention program to this baby's record.

Click the link below to find the appropriate Early Intervention program.
[Go to IA EHDJ Website](#)

Name	Address	Zip Code
Select AEA - Green Hills	P.O. Box 1109, 24907 Highway 92 Council Bluffs IA	51502
Select AEA 10-Grantwood	4401 Sixth St. SW Cedar Rapids IA	52404
Select AEA 11-Heartland	6500 Corporate Drive Johnston IA	50131
Select AEA 12-Northwest	1520 Morningside Ave. Sioux City IA	51106-1780
Select AEA 1-Keystone	1400 2nd St. NW Elkader IA	52043
Select AEA 267	3712 Cedar Heights Drive Cedar Falls IA	50613
Select AEA 8-Prairie Lakes	1235 5th Avenue South Fort Dodge IA	50501
Select AEA 9-Mississippi Bend	729 21st Street Bettendorf IA	52722-5088
Select AEA-Great Prairie	2814 N. Court St. Ottumwa IA	52501-1163
Select Des Moines Public Schools	901 Walnut Street Des Moines IA	50309
Select Out of State Babies	321 East 12th Street Des Moines AK	50319

[Return to Hearing Page - Do Not Make EI Referral](#)

REFER TO EARLY INTERVENTION



What is Early ACCESS?



Early ACCESS is Iowa's early intervention system for families with infants and toddlers who have a:

- health or physical condition affecting their growth & development, or
- delay in their ability to play, think, hear, see, eat, talk or move

Early ACCESS staff works with your family to:

- meet goals you have for your child and family;
- get to the people, information, and programs you need;
- provide services and supports at home, in the community, or at childcare; and
- discover what works best for you and your child!

Contact us today!

We are available to discuss your concerns, your child's development and help you find support that fits your needs:

IAFamilySupportNetwork@vnsia.org

1.888.IAKIDS1
1.888.425.4371



IAFamilySupportNetwork.org

Iowa Family Support Network (IFSN) is a collaboration between Maternal, Infant, and Early Childhood Home Visitation Program and Early ACCESS. IFSN is operated by VNS of Iowa.

Patient Outcomes:

Description	Status	Appointment	
Birth Screen	Bilateral Referral		
Outpatient	Bilateral Referral	08/24/2015 10:00:00	
Risk Monitoring	Not Required		
Audiological Assessment	Bilateral Hearing Loss	09/21/2015 10:00:00	
ENT	Done		
EI	EI Referral Made	Appointment Recommended	edit
HAB	Required - Not Scheduled	Appointment Required	edit
Contact Info	Required and Present		

Screening Results:

[Enter Manual Screening Results](#)

	Screen Type	Facility	Screeener	Ear	Result	Test Time	Test	In	Ov
view	Outpatient Screen	The University of Iowa Hospitals and Clinics	Asklof, Megan	R	Refer	08/24/2015 12:00:00	OAE	M	
view	Outpatient Screen	The University of Iowa Hospitals and Clinics	Asklof, Megan	L	Refer	08/24/2015 12:00:00	OAE	M	
view	Birth Screen	St. Luke's Hospital - Cedar Rapids	Carpenter, Kristen	R	Refer	08/09/2015 10:12:00	AABR	M	
view	Birth Screen	St. Luke's Hospital - Cedar Rapids	Carpenter, Kristen	L	Refer	08/09/2015 10:12:00	AABR	M	

Assessment:

[view/edit](#) Assessment Data

[view/edit](#) Amplification/Intervention Data

Early Intervention Referral:

- Parent Advised of Early Intervention Services
- Parent Provided with Information on Early Intervention
- Notification of Referral Sent Via Fax/Phone/Other

[Go to IA EHDI Website](#)

[Print EI Referral Form](#)

[Return To Child Information Page](#)



EI REFERRAL FORM



Early ACCESS –EHDI Referral Form
 State EA toll-free at 1-888-425-4371
 Fax: (515) 558-6258
 Early ACCESS web site:
www.iafamilysupportnetwork.org



Referred By:		
Date:	Agency:	
Name:		
Email:	Phone:	
Address:	City:	State/Zip:

Demographics:		
Child's Name: Trinity Trinity 440073	DOB: 11/14/2015	Sex: Female
Address: 145 Sugar Creek Ln, 12	City: Anytown	State/Zip: IA 99999
Child Lives with (First & Last names): Mom Trinity 440073	Relationship: Mother	Language spoken in the Home:
Phone Number(s): 999-999-9999	Email address(s):	

Parent (s) (if not above) First & Last names:		
Address:	City:	State/Zip:
Phone Number(s):	Email address(s):	

Reason for Referral:
<input type="checkbox"/> Permanent Hearing Loss (Confirmed: ___/___/___)

ALL IOWA CHILDREN WITH PERMANENT HEARING LOSS QUALIFY FOR EARLY ACCESS SERVICES
Permanent hearing loss of any degree and configuration can result in developmental delays without appropriate intervention.
Notes for Early ACCESS:

Attach Records Required:
<input type="checkbox"/> Most Recent Audiology Assessment
<input type="checkbox"/> Parents have agreed to this referral to Early ACCESS



REFER TO EARLY INTERVENTION

- When a referral is made to an early intervention provider, an email alert is sent to Iowa Family Support Network (IFSN).
- The email includes the confidential ID of the child with no protected health information.
- IFSN then forwards the information to the appropriate AEA serving the family.
- The EI provider must log into INSIS to find out more details about the new referral.
- EI providers only see those records that are referred to them specifically.



REFER TO EARLY INTERVENTION

Early Intervention Email Example:

From: no-reply@oz-systems.com [no-reply@oz-systems.com]

Sent: Thursday, April 17, 2014 8:00 AM

Subject: EHDI Referral Notification

Greetings from the Early Hearing Detection and Intervention (EHDI) program.

You have received the following EI referral(s) for Confidential ID(s):

443XXX

443XXX

443XXX

443XXX

Please log in to the EHDI web site at www.iowanewbornscreening.iowa.gov to access the referral(s). You can view referrals from the "Early Intervention" page, or you can search for a child by his/her Confidential ID.

To search for a child, please do the following:

- 1) Select "New Search" from the Patient menu on the left side of the page.*
- 2) On the "Patient Search Criteria" page, delete the default date in the "Date of Birth" field.*
- 3) Type the child's Confidential ID in the "Confidential ID" field.*
- 4) Click "Submit Search Criteria".*

You will then see the name of the child and will be able to "view" this child's record. Please review the record and document any progress using the "Early Intervention Internal" field on the child's "Demographics" page. If you would like to speak with someone from the EHDI program, please call XXX-XXX-XXXX . If you need assistance with eSP (TM), please contact Customer Support at 866-427-5678 option 3.

Thank you for your support and participation in the EHDI program.

NOTE: This is an automated message. Please do not reply to this message. If this message has reached you in error, please contact us at 866-427-5768 option 3 immediately.



EARLY INTERVENTION REFERRAL RECEIVED

☰ EI  EI

Description	Status
Outpatient	Parental Report - Did Not Pass
Audiological Assessment	Parental Report - Left Ear Hearing Loss
ENT	Required - Not Scheduled
Early Intervention Internal	Confirmed Hearing Loss ▼

IE Service:

Audiology **Vision Services**

Family Counseling Training **Speech Language Therapy**

Date Referral Received:
[] [calendar icon]

Date of IFSP:
[] [calendar icon]

Date of Transition:
[] [calendar icon]

Exit Date:
[] [calendar icon]

- Outcomes change based on the status of the referral.
- At first, options are
 - Confirmed HL, Suspected HL, Referral Received, Moved Out of State, Enrolled in Part C, Enrolled in Surveillance/Monitoring, Declined/Refused Services and Ineligible.



EARLY INTERVENTION REFERRAL RECEIVED

- Once the referral is received, the referral date is prepopulated in the 'Date Referral Received' box.
- The following outcome options are added:
 - Case Suspension, Discharged, Discharged to Part B, Enrolled in Non Part C, Intake/Screening, Refer for Evaluation, Withdrawn

The screenshot shows a software interface for Early Intervention (EI). At the top, there is a dark blue header with a minus sign, 'EI', and a logo. Below the header, the word 'EI' is centered. The main content area is divided into several sections:

Description	Status
Outpatient	Parental Report - Did Not Pass
Audiological Assessment	Parental Report - Left Ear Hearing Loss
ENT	Required - Not Scheduled
Early Intervention Internal	Received Referral

EI Service:

Audiology Vision Services

Family Counseling Training Speech Language Therapy

Date Referral Received: 07/08/2014

Date of IFSP:

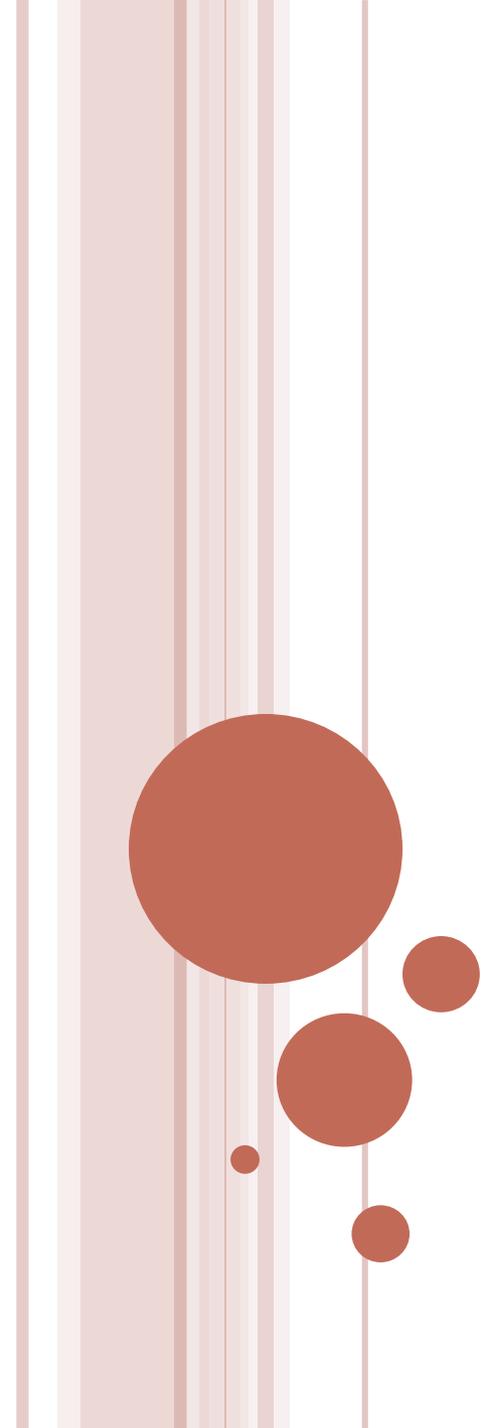
Date of Transition:

Exit Date:

EARLY INTERVENTION REFERRAL RECEIVED

Communication-Understanding	Communication-Receptive	Communication-Expressive
Assessment Date: <input type="text"/> 	Assessment Date: <input type="text"/> 	Assessment Date: <input type="text"/> 
Chronological Age: <input type="text"/>	Chronological Age: <input type="text"/>	Chronological Age: <input type="text"/>
Age Level Range: <input type="text"/> to <input type="text"/>	Age Level Range: <input type="text"/> to <input type="text"/>	Age Level Range: <input type="text"/> to <input type="text"/>
Assessment Tool(s): <input type="checkbox"/> Ages and Stages <input type="checkbox"/> BDI <input type="checkbox"/> EIDP <input type="checkbox"/> HELP <input type="checkbox"/> Other	Assessment Tool(s): <input type="checkbox"/> Ages and Stages <input type="checkbox"/> BDI <input type="checkbox"/> EIDP <input type="checkbox"/> HELP <input type="checkbox"/> Other	Assessment Tool(s): <input type="checkbox"/> Ages and Stages <input type="checkbox"/> BDI <input type="checkbox"/> EIDP <input type="checkbox"/> HELP <input type="checkbox"/> Other
Service Coordinator: <input type="text"/>		E-mail: <input type="text"/>
Early Intervention Referral: <input checked="" type="checkbox"/> Parent Advised of Services by: Sesame Street Hospital <input type="checkbox"/> Parent Provided with Information on Early Intervention		
Referral Source: <input type="text" value="Select Referral Source"/> 		
Notification of Referral Via: <input checked="" type="checkbox"/> EHDI eSP <input type="checkbox"/> Fax/Phone/Other		
<input type="button" value="Save"/>		



A decorative vertical bar on the left side of the slide, composed of several thin, parallel lines in shades of brown and tan. To the right of this bar are five solid brown circles of varying sizes, arranged in a descending staircase pattern from top-left to bottom-right.

REVIEWING BEST PRACTICES

BEST PRACTICES

- If results need modified, contact EHDI staff
- Do not open assessment unless you have results to enter
- Once results are entered under assessment, enter all screen/assessment results in this area (even if it's just a screen)
- Add appointments in the child's record
- Refer all infants that do not pass their re-screen to diagnostic provider unless you believe it is fluid and then appts need to be timely
- Refer all children with hearing loss to early intervention (even if mild unilateral)
- Document EI referral/refusal in the child's record



RECORDING APPOINTMENTS

Patient Professional Contacts:

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

Appointment Details:

Appointment Date/Time: 04/25/2016 HR (hr) MIN (min)

Appointment Due Date:

Notes:

1024 characters remaining



MANUAL ENTRY OF HEARING SCREENING

- To enter Hearing Screening Results Manually:
 - First, open the Hearing Screening Tab and click on ‘Case Details’

Hearing  Outcome: In Process

Consent: Full Case Details

Patient Summary:		Screening Summary:			Tasks:	
Patient Outcome	In Process		Right	Left	No Letters To Produce	
Hearing Outcome	In Process	OAE	ND	ND	No Appointments Required	
Consent	Full	AABR	Refer	Refer	Contact Info Required but not Present	
Nursery	Well Baby					

Last Hearing Case Note: View/Add Case Notes (0)
no note available

Risks: Edit Risks (0)

Cranio-facial anomalies	U	Head Injury	U
Exchange transfusion for elevated bilirubin	U	Neurodegenerative Disorder	U
Family hx of childhood hearing loss	U	Other postnatal infection	U
NICU > 5 days	U	Otitis media > 3 months (middle ear infection)	U
Appgar 0-4 at 1 minute	U	Ototoxic medications administered	U
Appgar 0-6 at 5 minutes	U	Parental concern regarding hearing status	U
Bacterial meningitis	U	PPHN associated with mechanical ventilation	U
Birth weight < 1500g	U	Syndrome	U
Congenital infection	U		



MANUAL ENTRY OF HEARING SCREENING

- To enter Hearing Screening Results Manually:
 - Second, click on ‘Enter Manual Screening Results’

Screening Results: Enter Manual Screening Results

	Screen Type ▼	Facility ▼	Screener ▼	Ear ▼	Result ▼	Test Time ▼	Test ▼	In	Ov
view	Birth Screen	Sesame Street Hospital	General, User	L	Refer	06/27/2014	AABR	D	
view	Birth Screen	Sesame Street Hospital	General, User	R	Refer	06/27/2014	AABR	D	



MANUAL ENTRY OF HEARING SCREENING

- To enter Hearing Screening Results Manually:
 - Third, enter the results and corresponding details.

Enter test results data:

Patient: Bear, Fozzie (Male) 		
Birth Certificate No. NA Medical Record No. 11218		
testing location select location ▼	testing services provider select provider ▼	
testing technique select technique ▼	technology employed select technology ▼	equipment used select equipment ▼

RIGHT EAR (R)		LEFT EAR (L)
select right result ▼		select left result ▼

nursery:	Well Baby	test type:	select test type ▼
screeener:	Shaw, Sarah ▼	date/time of screen:	07/08/2014 01:26:27 PM 



HEARING SCREENING OVERVIEW

- The type of screening import will be displayed in the 'In' column.
 - 'M' = Manual Entry
 - 'I' = Import

Screening Results: Enter Manual Screening Results

	Screen Type ▼	Facility ▼	Screener ▼	Ear ▼	Result ▼	Test Time ▼	Test ▼	In	Ov
view	Birth Screen	Sesame Street Hospital	Shaw, Sarah	R	Pass	06/28/2014	AABR	M	!
view	Birth Screen	Sesame Street Hospital	Shaw, Sarah	L	Pass	06/28/2014	AABR	M	!
view	Birth Screen	Sesame Street Hospital	General, User	L	Refer	06/27/2014	AABR	D	
view	Birth Screen	Sesame Street Hospital	General, User	R	Refer	06/27/2014	AABR	D	



OVERRIDE FUNCTION

- If a data entry user makes a manual entry error, there is the option to edit and override the results.
- Contact EHDI staff to get these results overridden.

Screening Results: Enter Manual Screening Results

	Screen Type	Facility	Screeener	Ear	Result	Test Time	Test	In	Ov
view	Birth Screen	Sesame Street Hospital	Shaw, Sarah	R	Pass	06/28/2014	AABR	M	!
view	Birth Screen	Sesame Street Hospital	Shaw, Sarah	L	Refer	06/28/2014	AABR	M	!
view	Birth Screen	Sesame Street Hospital	General, User	L	Refer	06/27/2014	AABR	D	
view	Birth Screen	Sesame Street Hospital	General, User	R	Refer	06/27/2014	AABR	D	



ENTERING NEW AUDIOLOGY ASSESSMENT

Patient Outcomes:

Description	Status	Appointment	
Birth Screen	Missed		
Outpatient	Parental Report - Did Not Pass		
Risk Monitoring	Not Required		
Audiological Assessment	Required - Past Due	07/08/2014 01:03:00 PM	edit
ENT	Not Required		
EI	Not Required		
HAB	Not Required		
Contact Info	Required but not Present		

Screening Results:

[Enter Manual Screening Results](#)

[Screen Type](#) [Facility](#) [Screener](#) [Ear](#) [Result](#) [Test Time](#) [Test](#) [In](#) [Ov](#)

Assessment:

[view/edit](#) Assessment Data

[view/edit](#) Amplification/Intervention Data



ENTER AUDIOLOGY RESULTS

Open Session

Open Session

Date of Assessment:

Facility:

Synopsis ABR ASSR OAE Tympanometry BOA VRA Play Puretone

Date of Assessment: Facility: Tested By:

Right Ear:	Left Ear:
Type of Hearing Loss: <input type="text" value="Normal"/>	Type of Hearing Loss: <input type="text" value="Sensorineural"/>
Degree of PHI: <input type="text" value="Not Applicable"/>	Degree of PHI: <input type="text" value="Moderately Severe"/>

Recommendations:

1969 characters remaining

Notes:

1969 characters remaining

Use this Session to determine Audiological Outcome.

ENTER AUDIOLOGY RESULTS

Date of Assessment: 06/01/2010 Facility: ABC Audiology Clinic Tested By: Audiologist, Annie (Mrs.)

click on the type of data you need to enter

Enter test data

Stimulus	Frequency (Hz)						
	Click	500	1,000	2,000	3,000	4,000	
Right Ear <input type="radio"/> Insert <input type="radio"/> Headphone	<input type="button" value="O Unmasked"/> <= [v] []	<input type="button" value="Reset"/>					
Left Ear <input type="radio"/> Insert <input type="radio"/> Headphone	<input type="button" value="X Unmasked"/> <= [v] []	<input type="button" value="Reset"/>					
Right Ear Bone	<input type="button" value="< Unmasked"/> <= [v] []	<input type="button" value="Reset"/>					
Left Ear Bone	<input type="button" value="> Unmasked"/> <= [v] []	<input type="button" value="Reset"/>					

Click to save between tabs

VIEW SUMMARY OF ASSESSMENTS

Current Synopsis

Milestones

Audiologic Assessments

Include "Not Used" Assessments

View All	Assessment Date	Right Ear Outcome	Left Ear Outcome	Audiologist/Technician
View	07/08/2014	Normal	Sensorineural	Shaw, Sarah (Ms.)

[Add New Assessment](#)



AMPLIFICATION/INTERVENTION DATA

Assessment:

Assessment Data **Amplification/Intervention Data**

Intervention Data:

date of first assessment: date of hearing loss confirmation:

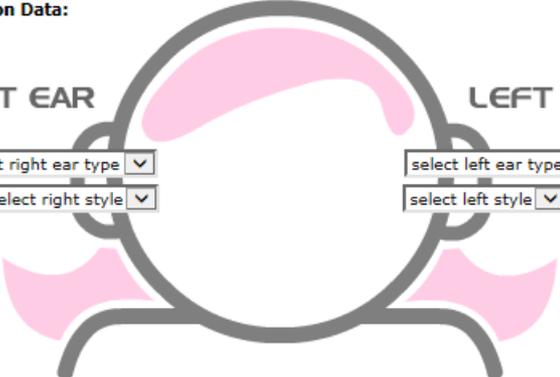
date of decision to aid: date of last assessment:

Fitting Dates:

right ear: left ear:

Amplification Data:

RIGHT EAR **LEFT EAR**



Device Data:



CONTACT INFORMATION

○ Next of Kin Contact Information (multiple)

- Grandparent
- Mother
- Father
- Adoptive Parent
- Foster Parent
- Social Services

Patient: Last Name, First Name (Not known) Confidential ID: 100042000000484945
Blood Spot Card No.: Medical Record No.:

Contact's Details: Mother

Last Name: **First Name:** **Title:** Ms.

Street Address: **Phone:** ext.

Apt. No.:

City: **Language:** English (written)

Mother's MRN: **Education:**

County:

State: MD **Other:** Primary Contact

Zipcode: Consent Signatory

Date Of Birth: Send Letters

Contact's Race/Ethnicity

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

Ethnicity: Hispanic Other

Save and Continue

Add Contact

Exit

ADDING A PROFESSIONAL CONTACT

Assign New Professional Contact:

Step 1: Select A Service:

Use the drop-down list below to select the type of service you wish to assign a provider for.

PCP / Medical Home

Step 2: Select Professional Contact:

Please click the 'Locate Professional Contact' button below to search for and select a professional contact to

Professional Contacts:

		Name	Service Type	Phone
View	Remove	ZZZ Delete	Birth Screen Provider	888-727-3366
View	Remove	Sample, Pediatrician (Dr.)	PCP / Medical Home	555-123-1234

Transfer Patient

Add Professional Contact

total contacts found: 1

Edit Professional Contact To Search With

reset contact search

Referral Date:



Save and Return to Child Information Page

Save and Add Another

Cancel

Save and Return to Child Information Page

Save and Add Another

Cancel



HOW DO YOU ACCESS THE INSIS USER MANUAL?

- The INSIS User Manual link will be sent out at a later date. Working with vendor on how best to do this because of the proprietor information.



UPCOMING...

- Instructions on how to turn in tokens **AFTER** June 7, 2016 (roll-out date)
- For those tokens not turned in, there will be a \$60 charge payable to IDPH.
- Critical Congenital Heart Disease and Dried Blood Spot programs will roll-out their modules later this year
 - Anticipate the additional users/modules to affect your work minimally
- FAQ with questions from all trainings will be compiled and posted by June 7, 2016.



EHDI STAFF CONTACTS:

○ Tammy O’Hollearn

Iowa Department of Public Health
EHDI State Coordinator

PHONE: 515-242-5639

EMAIL: tammy.ohollearn@idph.iowa.gov

○ Jinifer Cox

Iowa Department of Public Health
Program Assistant

PHONE: 515-281-7085

EMAIL: jinifer.cox@idph.iowa.gov

○ Shalome Lynch

Iowa Department of Public Health
Follow Up Coordinator

PHONE: 515-725-2160

EMAIL : shalome.lynch@idph.iowa.gov

○ Kristy Johnson

Iowa Department of Public Health
F/Up & Family Support Coordinator

PHONE: 515-725-2290

EMAIL: kristy.Johnson@idph.iowa.gov



**THANK YOU
FOR ALL YOU DO TO
SUPPORT IOWA'S CHILDREN**