Goal 1: Document unduplicated individually identifiable data on the delivery of newborn hearing screening services for all infants born in the Jurisdiction

1.1 Provide unique patient record for each newborn child born in the jurisdiction

1.2 Receive and document information about patient's birth encounter and newborn admission information in a timely manner *

1.3 Receive and document patient's maternal demographic information *

1.4 Receive and document all individual newborn hearing screening procedures and results, in a timely manner *

Shall

1.6 Review incoming and existing patient records and document the most recent newborn hearing screening status and outcome of the patient

1.7 Receive and document information on the reason why an infant hearing screening is not performed or completed

1.8 Provide the ability to capture and document information about an infant's NICU stay and transfer status Should

1.5 Receive and document information about risk factors of infant hearing loss at the time of newborn hearing screening

May

1.9 Receive submissions of newborn hearing screening information in accordance with interoperability standards endorsed by CDC for message content, format and transport

Mandatory

Recommended

Optional

^{*} In accordance with scope of practice, organizational policy and jurisdictional law

Goal 2: Support tracking and documentation of the delivery of follow-up services for every infant/child who did not receive, complete or pass newborn hearing screening

2.2 Provide the ability to generate and present a list of infants who did not pass newborn hearing screening and are in need of follow-up rescreening an/or diagnostic evaluation

2.3 Provide the ability to generate and present a list of infants who did not receive or complete newborn hearing screening and are in need of recommended screening and/or diagnostic evaluation

2.5 Receive and document referrals made

2.6 Receive and document information on rescreening procedures and results in a timely manner *

Shall

2.7 Receive and document information on procedures and results of ALL follow-up audiological diagnostic evaluation services in a timely manner *

2.8 Receive and document information whenever there is a change in the patient's hearing status and/or an update on previously inconclusive/incomplete diagnostic result

2.10 Receive and document information on the reason why an infant did not receive recommended follow-up services

2.1 Provide a unique patient record for each infant/child born out of the jurisdiction but currently reside within the jurisdiction and is in need of hearing screening or diagnostic follow-up

2.9 Receive and document information about referrals and/or recommendations made following an audiological diagnostic evaluation

2.11 Provide the ability to notify parents and healthcare providers of infants who are in need of follow-up services.

2.4 Provide the ability to make referrals for recommended follow-up services

May

2.12 Provide the ability to generate, present, and transmit a standard-based Hearing Plan of Care document to guide follow-up practices *

Mandatory

Recommended

Optional

^{*} In accordance with scope of practice, organizational policy and jurisdictional law

Goal 3: Document ALL cases of permanent hearing loss, including congenital, late-onset, progressive, and acquired cases for infants/children <3 years old

3.1 Receive and document information on all confirmed hearing loss cases identified through the newborn hearing screening follow-up process and reported from audiological providers

3.2 Provide the ability to receive and document information on additional infants/children with hearing loss that are not identified through the newborn hearing screening follow-up process *

3.3 Use the ASHA standards for classifying degree of hearing loss

Shall

3.4 Provide the ability to generate and present the patient's complete screening and diagnostic service history including date, location, type and results of tests performed and/or diagnosis made, for every documented permanent hearing loss case in the EHDI-IS

3.7 Provide the ability to generate and present separate lists of infants/children with presumed congenital (referred on newborn hearing screening) and lateonset/ progressive/acquired hearing loss

3.5 Receive and document information on hearing loss risk factors

Should

3.6 Provide the ability to regularly evaluate incoming and existing hearing screening and diagnostic information to continually refine, modify and efficiently identify late onset, progressive, and acquired hearing loss

Mandatory

^{*} In accordance with scope of practice, organizational policy and jurisdictional law

Goal 4: Document the enrollment status, delivery and outcome of early intervention (EI) services for infants and children with hearing loss <3 years old

4.1 Provide the ability to identify infants/children who need El services

4.2 Receive and document information about referrals to Part C services

Shall

4.3 Receive and document information about eligibility to Part C services

4.4 Receive and document information on Part C early intervention services enrollment

4.5 Receive and document information on other non-Part C early intervention services enrollment *

4.6 Receive and document recommended audiologic intervention method upon a hearing loss diagnosis from providers

4.7 Provide the ability to receive and document data on early intervention outcomes

4.8 Provide the ability to receive information from Part C on children who have a hearing loss that were identified in Part C but were not previously reported to EHDI

Should

4.9 Provide the ability to generate letters or other communication materials to notify or remind parents, healthcare and EI providers of infants' need for EI services

4.10 Provide the ability to receive and document information about comorbidity - e.g., a child who is automatically in Part C for an established condition that is NOT hearing loss, but the child is later diagnosed with hearing loss.

4.11 Receive and document informatin about a child transitioning out of or leaving Part C El services.

4.12 Receive and document information what Part C EI services are planned for children who are diagnosed with hearing loss

May

4.13 Receive and document the referral disposition for children in the EHDI-IS who are eligible for Part B 619 services.

Mandatory Recommended Optional

^{*} In accordance with scope of practice, organizational policy and jurisdictional law

Goal 5: Maintain data quality (accurate, complete, timely data) of individual newborn hearing screening, follow-up and diagnosis, early intervention and demographic information in the EHDI-IS

5.1 Provide the ability to regularly evaluate incoming and existing patient records to identify, prevent, and resolve duplicate and fragmented records

5.2 Store all EHDI-IS minimum Data Elements (Appendix A)

5.3 Provide the ability to obtain other Core Data Elements

Shall

5.5 Provide the ability to analyze information with respect to data quality *

5.6 Retain all patient data in the system until the patient reaches at least 3 years old, except where prohibited by law, regulation, or policy

5.4 Provide the ability to obtain Extended Data Elements

5.7 Allow re-activation of a case when new information has arrived that illuminates the disposition of a case

5.8 Provide the ability for staff to record notes on phone interactions with the public under each child's file

5.9 Provide the users with easy access to metadata, system documentation and a user guide

Should

Mandatory

^{*} In accordance with scope of practice, organizational policy and jurisdictional law

Goal 6:	Preserve the integrity,	security, availability and privacy of all personally-identifiable health
		and demographic data in the EHDI-IS

6.1 Have written confidentiality privacy practices and policies based on applicable law or regulation that protect all individuals whose data are contained in the system

6.2 Have written data sharing and confidentiality/privacy agreement with any other information systems which the system links to and/or shares data with

6.3 Have user access controls and logging, including distinct credentials for each user, least-privilege access, and routine maintenance of access privaleges

6.4 Operated or hosted on secure hardware and software in accordance with industry standards for protected health information, including standards for security/encryption, uptime and disaster recovery

Shall

Mandatory

Goal 7: Enable evaluation and data analysis activities

Shall

7.1 Provide the ability for authorized users to extract and use data to assess program progress towards achieving national/jurisdictional benchmarks

Should

7.2 Provide the ability to generate performance measurement reports, as defined by the jurisdictional system evaluation plan

7.3 Provide the ability for authorized users to export data to other data management and analytical software tools such as MS Excel, SAS, SPSS, etc

Mandatory

Goal 8: Support dissemination of EHDI information to authorized stakeholders

Shall

8.1 Provide the ability to generate, present and transmit standard and/or custom-defined reports for authorized users without assistance from system vendor or IT personnel

Should

8.2 Provide the ability for authorized healthcare providers to electronically access newborn hearing screening and follow-up service information of their patients

Mandatory