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

**Shall**

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 *

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

* 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

<table>
<thead>
<tr>
<th>Shall</th>
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<tbody>
<tr>
<td>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</td>
<td>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</td>
<td>2.4 Provide the ability to make referrals for recommended follow-up services</td>
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<td>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</td>
<td>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</td>
<td>2.11 Provide the ability to notify parents and healthcare providers of infants who are in need of follow-up services</td>
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<tr>
<td>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</td>
<td>2.4 Receive and document information on rescreening procedures and results in a timely manner *</td>
<td>2.12 Provide the ability to generate, present, and transmit a standard-based Hearing Plan of Care document to guide follow-up practices *</td>
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<td>2.5 Receive and document referrals made</td>
<td>2.5 Receive and document referrals made</td>
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<td>2.6 Receive and document information on rescreening procedures and results in a timely manner *</td>
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<tr>
<td>2.7 Receive and document information on procedures and results of ALL follow-up audiological diagnostic evaluation services in a timely manner *</td>
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<tr>
<td>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</td>
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<tr>
<td>2.9 Receive and document information about referrals and/or recommendations made following an audiological diagnostic evaluation</td>
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<tr>
<td>2.10 Receive and document information on the reason why an infant did not receive recommended follow-up services</td>
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</tbody>
</table>

* 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

**Shall**

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

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 late-onset/progressive/acquired hearing loss

**Should**

3.5 Receive and document information on hearing loss risk factors

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**

**Recommended**

* 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

**Shall**

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

4.2 Receive and document information about referrals to Part C services

4.3 Receive and document information about eligibility to Part C services

4.4 Receive and document information on Part C EI (ie. date when the Individual Family Service Plan or IFSP is signed)

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

**Should**

4.6 Provide the ability to 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 compare infants in the system and those in the EI system to identify missed cases

4.9 Provide the ability to notify parents, healthcare and EI providers of infants’ need for EI services

* 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 screening and diagnosis, early intervention and demographic information in the EHDI-IS**

**Shall**

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

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

**Should**

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

* 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

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<tr>
<td><strong>6.1</strong> Have written confidentiality privacy practices and policies based on applicable law or regulation that protect all individuals whose data are contained in the system</td>
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<tr>
<td><strong>6.2</strong> Have written data sharing and confidentiality/privacy agreement with any other information systems which the system links to and/or shares data with</td>
</tr>
<tr>
<td><strong>6.3</strong> Have user access controls and logging, including distinct credentials for each user, least-privilege access, and routine maintenance of access privileges</td>
</tr>
<tr>
<td><strong>6.4</strong> 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</td>
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</table>

**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

Recommended
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.