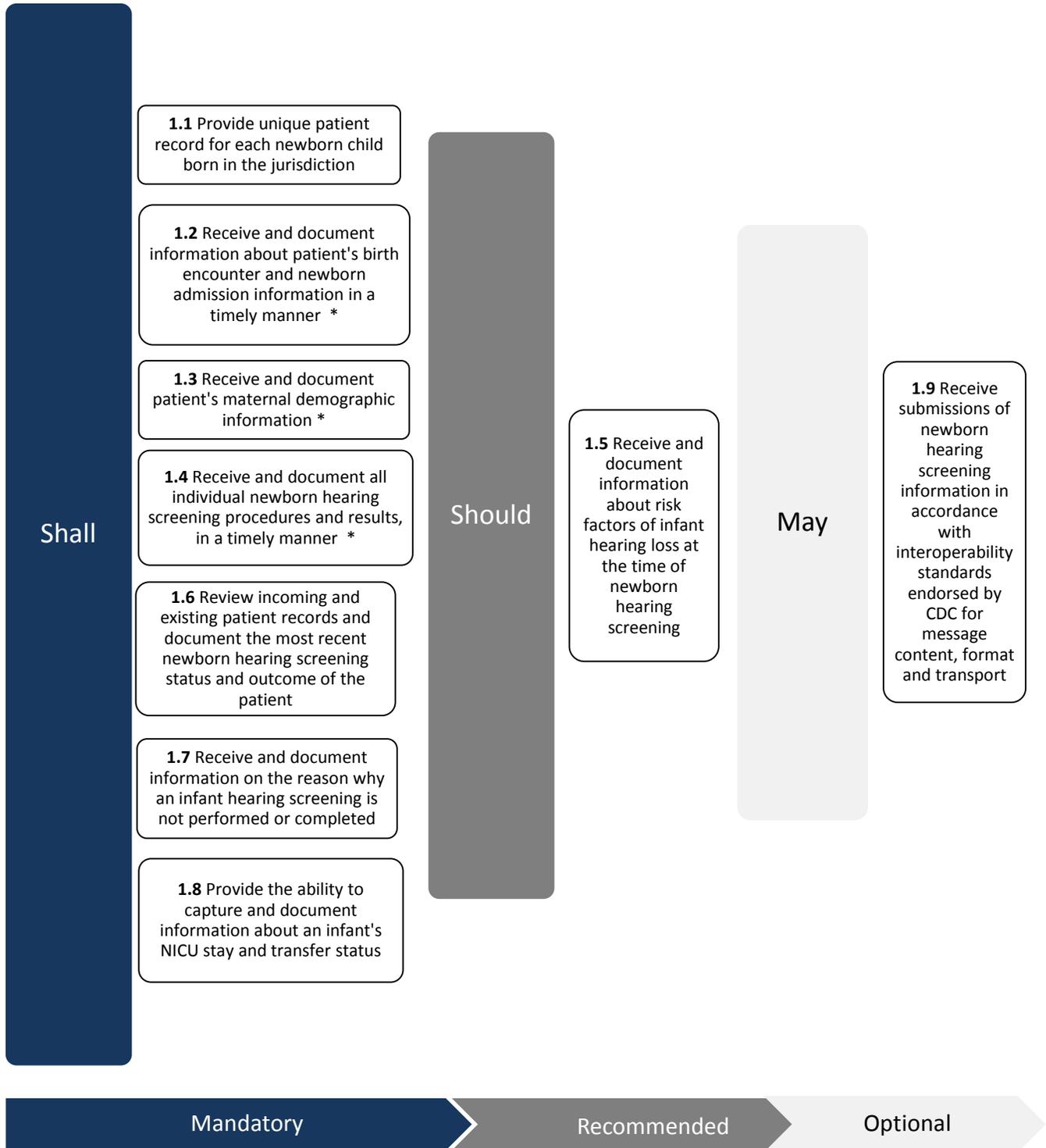
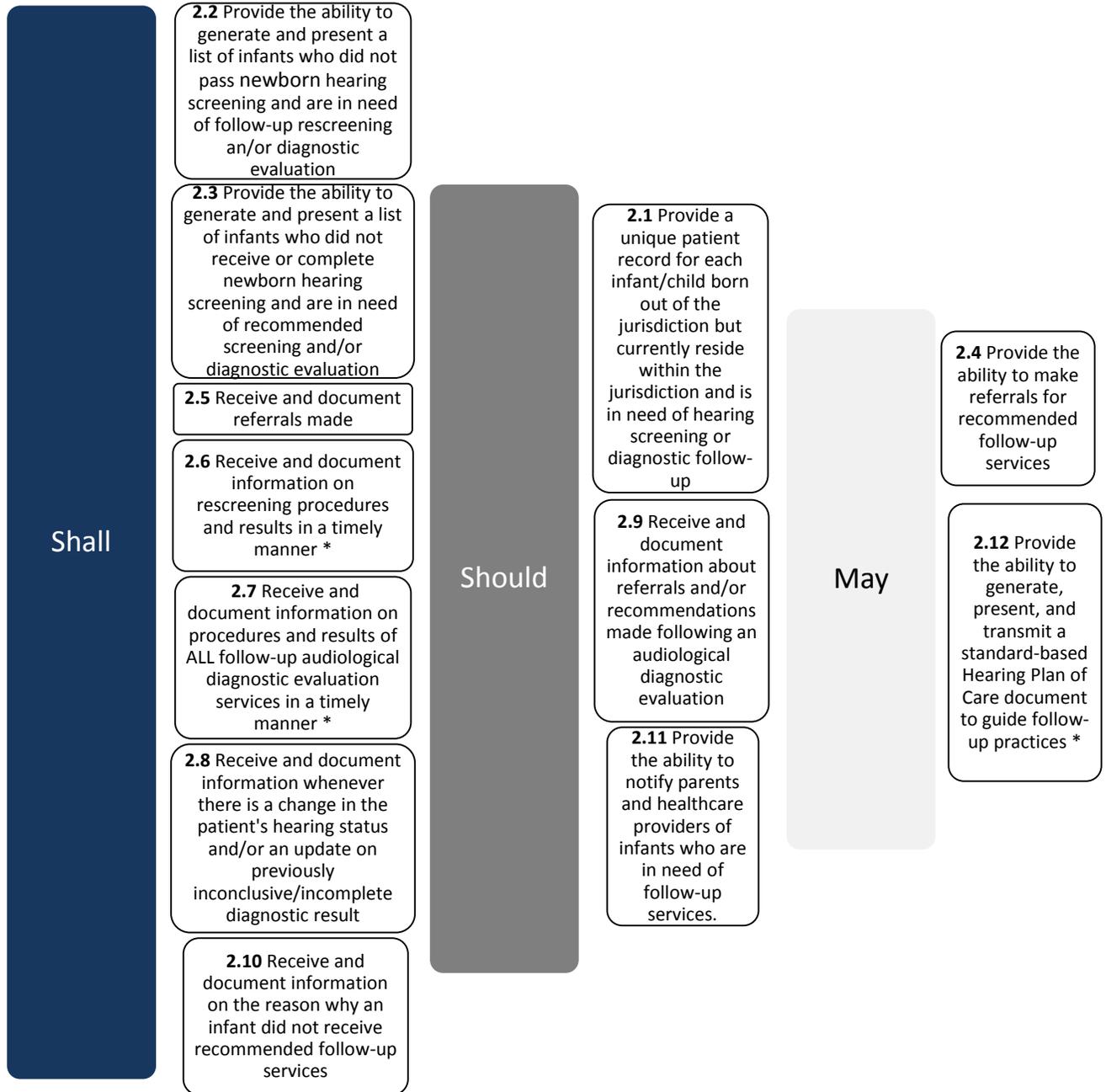


Goal 1: Document unduplicated individually identifiable data on the delivery of newborn hearing screening services for all infants born in the Jurisdiction



* 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



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

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

Mandatory

Recommended

* 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

Mandatory

Recommended

* 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

Shall

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 privileges

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

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 EHDl 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

Recommended