eSCREENER PLUS (eSP™) Manual

Iowa Department of Public Health
Early Hearing Detection and Intervention Program
eScreener Plus (eSP™) Manual
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Chapter 1—Introduction

Iowa’s Early Hearing Detection and Intervention Program (EHDI)

The Iowa Department of Public Health (IDPH), Child Health Specialty Clinics (CHSC) and other partners work together to ensure that all babies in Iowa have their hearing screened and receive any needed follow-up services. IDPH receives funding from the Centers for Disease Control and Prevention to develop and implement a statewide EHDI surveillance system. The surveillance system is an electronic reporting system used to report the results of hearing screenings, rescreens and diagnostic evaluations for children less than three years of age. The data collected allows IDPH to monitor state and local performance and to track the progress of children who need follow-up services.

CHSC receives funding from the federal Health Resources and Services Administration (HRSA) to work on reducing the number of children who fall through the cracks before getting the hearing services they need. The grant team provides technical assistance to hearing screening providers, educates families and professionals, and links families to early intervention, family-to-family support and medical homes.

On May 1, 2003, former Governor Thomas J. Vilsack signed a bill that mandated newborn hearing screening in the state of Iowa. The law requires that, effective January 1, 2004, all newborns be screened for hearing loss and the results of the screen and any re-screens and diagnostic evaluations be submitted to the IDPH, EHDI program for follow-up.

The law outlines reporting requirements for birthing hospitals, birth centers, physicians, audiologists and other health care professionals. Newborn hearing screening results must be reported to the Iowa Department of Public Health within six days of the child’s birth. Outpatient screening facilities, licensed audiologists and other health care providers conducting screening or diagnostic audiological assessments must also report results for children less than three years of age to IDPH.

To view copies of Iowa’s legislation or Administrative Rules, click on the Iowa EHDI Web site link on the eSP™ user login page or go to http://www.idph.state.ia.us/iaehdi. Click on ‘Professionals’, ‘EHDI Law’ and ‘Administrative Rules’.

Purpose of this Manual

This handbook provides a page-by-page reference for navigating the eScreener Plus (eSP™) data system.

Overview of eSP™

The eScreener Plus (eSP™) data system serves as the statewide tracking and surveillance system for all children, birth to age three, screened and diagnosed with hearing loss in the state of Iowa. The system collects data for each child and provides a mechanism for follow-up. It is designed to assure that all newborns are screened and all children referred receive the recommended follow-up. As of spring 2007, all birthing hospitals, AEAs and a small number of licensed audiologists have been trained to use the system to submit hearing screening and diagnostic assessment results. Appendix B shows the minimum computer requirements for using eSP™.
Chapter 2—Getting Started

Password Policies and Procedures

Each user will be issued a User ID and temporary password by the Iowa Department of Public Health. The user should change this password on the first login. After that, the user should keep track of how long the password has been used and change the password at least every four months. Passwords must be at least six characters in length, and should consist of a combination of letters and numbers. Users should avoid common or related names or any combination of the login name. Users should not openly display their login names and passwords. Sharing accounts or passwords with anyone, even on a temporary basis, is expressly prohibited.

Note: See Appendix C for the password tip sheet.

Adherence to policies and procedures ensure the required security precautions have been taken to safeguard data within statewide data systems.

Password Policy Violations

- The Department investigates all reports of password policy and procedure violations.
- The Department will inform the hospital’s identified EHDI Program Manager (for the user) and the appropriate Program Directors of all confirmed security violations.
- While violations are under investigation by the Department, an agency’s access may be suspended until a resolution has been achieved.

User Responsibilities

- Passwords will be at least six characters in length and consist of a combination of letters and numbers. Do not use special characters (i.e. * ? # @ &). Avoid common or related names, and avoid using any combination of your login name. Please see Appendix C for a list of tips for selecting a password.
- Users will maintain safeguards for separate locations for their token and user login information. These pieces of information shall be kept separate at all times.
- Users will not openly display their current login names and passwords (i.e. Post-it © note on monitor).
- Users will not share accounts or passwords with anyone, even on a temporary basis.

Program Manager Responsibilities

- Program Managers will train their individual user staff about how to change passwords and general security requirements.
- Program Managers are responsible for a user’s misuse of a password and will assure that user responsibilities are followed.
- Program Managers must immediately notify the Iowa EHDI Coordinator or designee when a user will no longer gain access to the application.
- Program Managers must notify the Iowa EHDI Coordinator or designee when a new user needs access to the application.
- Program Managers will request new user access at least five business days prior to the new user’s starting date.
Iowa Department of Public Health Responsibilities

- The Department provides information about how to change passwords and general security requirements.
- The Department will provide advice and consultation on developing secure passwords.
- The Department will respond within two business days when a change in user access is necessary.

What is a token and why is it important?

For security reasons, eScreener Plus (eSP™) uses a dual login procedure consisting of a PremierAccess “token” login and an eSP™ system login. Due to heightened awareness of Internet security and improving Health Insurance Portability and Accountability Act (HIPAA) compliance for medical record security, the Iowa Department of Public Health (IDPH) is implementing a “token” based security system for Internet transmission of data. A token (shown here) is a device that provides a one-time password at the push of a button. Using this token significantly decreases the risk of hackers obtaining access to the IDPH network and the confidential patient data stored there.

Internet transmission of confidential medical information is a fairly new technology. This type of transmission alone, without security measures, is not secure and medical information could potentially fall into the hands of hackers. Implementing this token security puts a layer of protection over the data.

How Much Are Tokens?

The cost for a security token is currently $100.00. This price includes technical support and shipping costs. The token has a lifespan of about five years.

How to Request an eSP™ Token

The EHDI Program Manager is responsible for monitoring agency users of the eSP™ data system. When a new individual requires access, the EHDI Program Manager should follow these steps:

1. Download the New User Request Form at [http://www.idph.state.ia.us/iaehdit/professionals.asp](http://www.idph.state.ia.us/iaehdit/professionals.asp) or photocopy the form in Appendix D.
2. Complete the form, mail or fax signed New User Request Form to the State EHDI Coordinator:
   
   **State EHDI Coordinator**
   
   **Bureau of Family Health**
   
   **Iowa Department of Public Health**
   
   **321 East 12th Street**
   
   **Des Moines, IA 50319-0075**
   
   **Fax: 515-242-6013**

3. Maintain a copy on file at the screening facility.
4. IDPH will process the request within one week.
5. Once the token request is processed, you will receive a token, Token User Receipt Form (Appendix G), and instructions to set up your token softpin and EHDI password.
6. Sign the Token User Receipt Form and mail or fax the form to the State EHDI Coordinator. Address or fax are provided above in step 2. The new user should also maintain a copy on file.
How to Inactivate an eSP™ Token User

The EHDI Program Manager is responsible for monitoring agency users of the eSP™ data system. If the token will not be transferred to another user, the EHDI Program Manager should follow these steps.

1. Download the Inactivate Token User Form at http://www.idph.state.ia.us/iaehdit/professionals.asp or photocopy the form in Appendix E, complete and sign it.
2. Mail the signed Inactivate Token User Form with the token in a padded envelope to the State EHDI Coordinator:
   State EHDI Coordinator
   Bureau of Family Health
   Iowa Department of Public Health
   321 East 12th Street
   Des Moines, IA 50319-0075
4. The State EHDI Coordinator will keep the token at the department. If you decide that individual will be replaced and will need access to eSP™, follow the steps in How to add an eSP™ token user.
5. Maintain a copy of the inactivate token user form.

How to Transfer an eSP™ Token to Another User

Tokens can be transferred to another individual if someone is leaving the facility or moving to a different job. The token may be given to the new user rather than returned to IDPH. The following paperwork must be completed:

1. Download the Inactivate Token User Form at http://www.idph.state.ia.us/iaehdit/professionals.asp or photocopy the form in Appendix E, complete and sign it. Note on the form that you are requesting to transfer the token to _________. List the new users name.
2. Download the New User Request Form at http://www.idph.state.ia.us/iaehdit/professionals.asp or photocopy the form in Appendix D.
3. Complete the New User Request Form. Be sure to include the token ID number from the previous user on the Token Security Request Form. You will find this number on the back of the token. Mail or fax both forms to the State EHDI Coordinator:
   State EHDI Coordinator
   Bureau of Family Health
   Iowa Department of Public Health
   321 East 12th Street
   Des Moines, IA 50319-0075
   Fax: 515-242-6013
4. IDPH will process the request within one week.
5. Once the token request is processed, you will receive an e-mail, Token User Receipt Form (Appendix G), and instructions to set up your token softpin and an EHDI password.
6. The new user must sign the Token User Receipt Form and mail or fax the form to the State EHDI Coordinator. The address and fax are listed above.
How to replace defective tokens

There is no fee to replace defective tokens. The cost to replace a lost token is currently $100.00. Please contact the State EHDI Coordinator regarding replacement costs and instructions to replace the token. It is possible the cost to replace the token will go up in the future.

To replace a defective token:

1. Download the Token Replacement Request Form at http://www.idph.state.ia.us/iaehdi/professionals.asp or photocopy the form in Appendix F.
2. Complete the form and mail the form and defective token in a padded envelope to the State EHDI Coordinator:
   
   State EHDI Coordinator  
   Bureau of Family Health  
   Iowa Department of Public Health  
   321 East 12th Street  
   Des Moines, IA 50319-0075

3. Maintain a copy on file at the screening facility.
4. IDPH will process the request within one week.
5. Once the token request is processed, you will receive a replacement token, Token User Receipt Form (Appendix G), and instructions to set up your token softpin. Your EHDI password will remain the same.
6. Sign the Token User Receipt Form and mail or fax the form to the State EHDI Coordinator. Address or fax are provided above in step 2.

IDPH eSP™ Staff

Assistance is available each business day from IDPH eSP™ staff by phone or email. Appendix A provides a current listing of staff contact information.

Navigating in eSP™

There are several features to assist in navigation of the eSP™ data system, including check boxes, drop-down boxes, text boxes, and command buttons.

Check boxes
   • A check in the box indicates a “yes” or positive response.
   • A blank box indicates that there is no information available for that data element or a “no” response is appropriate.
   • Some elements will allow more than one response.

Drop-down boxes
   • The mouse may be used for making the drop-down selection.
   • The keyboard may be used to select an element by choosing the first character of that element, such as “B” for Birth Screen.

Text Boxes
   • Free text may be entered in a text box. Comments are limited to 1000 characters. Note: The number of characters remaining is shown at the bottom of each text box.
Command Buttons
• Command buttons appear on screens throughout the eSP™ data system. Each command button performs the action listed on the command button. (e.g. The “save” button saves the requested changes to the client record.)

Page navigation tips
• Use the tab key to move to the next item.
• Use the shift key and tab key together to move back one item.
• Quick links take the user back to the last record accessed or the last search performed.
• When the cursor is on the submit button, press enter to save/submit.

Setting Up Your New SoftPIN
Before gaining access to the eSP™ data system you must set up your token’s SoftPIN. The SoftPIN is a four digit number you choose to enter along with the password generated by your token device. Instructions can be found on the EHDI Web site, http://www.idph.state.ia.us/iaehdi/professionals.asp.

PremierAccess “Token” Login
The first screens that appear are the SafeWord PremierAccess pages. These screens make up the first of two logins required to access the eSP™ data system and are used to enter your username and authorized password. At the bottom of each of the screens a warning appears that reminds you of contractual requirements. To open the eSP™ data system:
1. Open your Internet browser (i.e. Microsoft Internet Explorer).
2. Enter https://www.iowaearlyhearing.org in the Web address bar at the top of the page. You may set up an icon on your desktop for eSP™, or add the Web site to your computer’s Favorites tab. This icon will take you directly to the eSP™ Web site.
3. While establishing a connection with eSP™, you may see a number of warning screens like the ones below. The screens verify that you want access to the eSP™ data system and inform you that the information on the screens is confidential. Once you have read the screen, click Yes or OK button.
4. Enter your username. Click the **OK** button.

5. Enter your SafeWord Silver password. This password is obtained by pushing the small gray button on your assigned token. Next, enter your SoftPIN number. A SoftPIN number is a 4 digit number that you enter after you enter the password the token generates for you. The token password + your SoftPIN make up the SafeWord Silver password.

**Token Password (5696F0) + SoftPIN (5467) = SafeWord Silver Password (5696F05467)**

*Note: Token password is a zero, not the letter o*
The eSP™ user login is the second of the two logins required to access the eSP™ data system. To log in to eSP™:

1. Enter your user name in the box provided. Your user name is typically the first initial of your first name plus your last name and is assigned by the IDPH EHDI Coordinator. Note: User names and passwords can be numbers and letters, and are not case sensitive.

2. Enter your password in the box provided. **Note:** The first time you login to eSP™, the system will ask you to change your password. Please see Appendix C for instructions on selecting and protecting your password.

3. Click the **Login Now** button.
Editing Your User Profile

This feature allows users to set screening defaults, modify identifying information and to change your password. The individual user must make user profile modifications while logged into eSP™ with his/her own password.

To edit your user profile:
1. Click on the Admin tab.
2. Click on edit user profile.
3. Click on the ear icon to add the specific device defaults for the equipment used by your facility.

4. Complete this section by filling in testing location, testing services provider, testing technique, technology employed and equipment used. These fields then will automatically fill in when adding test results for a patient.

5. To change your password, enter your new password in the two boxes at the bottom of the screen.

6. Click the Save button.
The eSP™ home page welcomes you to eScreener Plus (eSP™) and the Iowa Early Hearing Detection and Intervention (EHDI) program. The home page is the first page you see when you log into eSP™. It contains support information for the eSP™ system, and at times, may contain system messages (i.e. eSP™ will go down on May 5, 2006 at 10:00 p.m. for maintenance. The system will be available May 7, 2006 at 6:00 a.m.) from the EHDI program. On the left side of the home page you will find menu tabs.

### Contents of the menu tabs:
- **Main Area** – contains support information for the eSP™ system and may contain important program messages
- **Patients** – used to add or search for a patient, edit patient information, add exam results for a patient, access the patient journey page (a guide to every day screening tasks, resource for locating patients and their care status, see page 14) and print to-do lists
- **Professional Contacts** – used to search for a professional contact. Also used by the Iowa Department of Public Health to add and edit facility and physician information
- **Letters** – used to generate and print letters for parents, physicians, audiologists and medical professionals
- **Tools** – used by the Program Manager to import patient information
- **Reports** – used by the Program Manager to monitor progress
- **Admin** – used to change your user password and settings for data entry. Also used by the Program Managers to manage screeners
Menu Tabs

Patients Menu Tab
Under the Patients Tab users can:
1. Access the patient journey
2. Add a patient
3. Search for a patient
4. Edit patient information
5. Import test results
6. Manage patient notes

Professional Contacts Menu Tab
Under the Professional Contacts tab users can search for providers in the eSP™ data system.

Letters Menu Tab
Under the Letters tab users can generate and view letters for parents and physicians.
Tools Menu Tab

Under the Tools tab the Program Manager can import patient demographic information. Not all hospitals have the ability or desire to utilize the import feature. Additional work with OZ systems is required to utilize this feature. Contact the State EHDI Coordinator for more information.

Reports Menu Tab

Under the Reports tab users can run reports to monitor progress. Reports assist your facility and IDPH with quality assurance and identifying patients who need further follow-up.

Annual report: creates a table and graph format of the overall annual birth statistics for the facility.

Aging report: creates a table and graph format of the age at screening for the facility.

Admin Menu Tab

Under the Admin tab you can:
1. Change your password
2. Set your personal data entry preferences
3. Change your demographic information
The Patient Journey

The patient journey page is designed to serve as a guide to everyday screening tasks, as well as a resource for locating patients and their care statuses. Becoming familiar with the patient journey page will enable you to navigate quickly and easily through most daily tasks in eSP™. You will find that most of your tasks can be accessed via a link from the patient journey (including adding patients and professional contacts, editing records, designating risk factors and importing exam results). The patient journey is available for the babies in Birth Admit status, and can be utilized to track patients who may need additional care after discharge from the birth facility. You will find that each button on the patient journey page is a link to a list of patients requiring different levels of care.

Once a patient finishes the Journey or completes the care process, they will no longer be displayed in any of the outstanding task lists, and their care can be considered complete.

To access the patient journey page:

1. Click on the Patients tab.
2. Click on patient journey.
3. Click on the patient journey button(s) to view a list of patients that require the selected task to be completed.
**Components of the Patient Journey Page:**

**Add Patients:** Displays a new patient record to populate.

**Edit Patients:** Displays a list of every patient in the system for a given facility.

**Screen Patients:** This section displays a list of patients pending screening. The list will depend on which button is selected. List content is as follows:

- **Inpatient:** Displays a combined list of inpatient babies in the Well Baby and NICU nurseries who have not passed both ears. Each patient’s status is either: (1) Pass Neither, (2) Pass One, or (3) Not Done.

- **Well Baby:** Displays a list of inpatient newborns in the Well Baby nursery who have not passed both ears. This list includes babies who either (1) Pass Neither, (2) Pass One, or (3) Not Done.

- **NICU:** Displays a list of inpatient newborns in the NICU nursery who have not passed both ears. This list includes babies who either (1) Pass Neither, (2) Pass One, or (3) Not Done.

- **Outpatient:** Displays a combined list of scheduled appointments for outpatient (OP) screening and Risk Monitoring. The list includes patients with (1) Scheduled, (2) Pending, or (3) Past Due appointments.

- **OP Screening:** Displays any patient where the outpatient (OP) screening appointment is (1) Scheduled and Pending or (2) Past Due.

- **Risk Monitoring:** Displays any patient where the Risk Monitoring appointment is (1) Scheduled and Pending or (2) Past Due.

**Import Test Results:** Displays the Import Exams page to allow electronic data to be accepted by the system if your facility is using this feature.

**Appointments:** This section displays a list of patients requiring appointments to be scheduled. The list will depend on the type of appointment selected.

- **Outpatient Screening:** Displays a list of patients requiring an Outpatient (OP) Screening who are not yet scheduled.

- **Risk Monitoring Screening:** Displays a list of patients requiring Risk Monitoring screenings that are not yet scheduled.

- **Audiological Assessment:** Displays a list of patients requiring Audiological Assessment (diagnostic testing) who are not yet scheduled.

**Letters:** This button displays a list of outstanding letters to generate.

**Complete Care Process:** This section reminds the screener of those patients who are still in need of completing the Birth Screen process prior to ending the screening session. It displays a list of the following patients:

- Inpatients who have not passed both ears.
- Patients who still require contact information to be entered. Contact information is expected on all patients.
Chapter 3—Adding a Patient

Patient Record

The patient record will display all of the patient’s information that was entered in the Add Patient screen. You will see two tabs at the top of each patient record; the Demographics tab and the Hearing tab. The first tab is the Demographics tab. This tab contains:

Demographics – date and place of birth, gestational age and birth weight. To view or correct demographic information, click the Edit Patient button.

Location – inpatient or outpatient

Core/Other risks – core risk information. The number of other risks the patient has is listed in parenthesis behind Other Risks. To access the Other Risks section, click the Other Risks button.
**Primary Contact Details** – primary contact information for the patient. This includes the primary contact’s name, address, telephone number, relationship to the patient and language spoken. The number of contacts for the patient is listed in parenthesis behind View/Add Contacts. To view or add contact information, click the View/Add Contacts button.

**Last Case Note** – the last case note that was entered for the patient. The number of case notes for the patient is listed in parenthesis behind View/Add Case Notes. To view, edit or add case notes, click the View/Add Case Notes button.

**Patient Summary** – patient status (deceased, in process, refused, etc.) and nursery type (NICU or well baby)

**Screening Summary** – the screening results for the patient. Test result information appears for each ear according to the type of equipment that was used to perform the test. If the patient has not been screened the area will be gray and ND (not done) will appear. If the patient has been screened, you will see a red box labeled “Refer” or a green box labeled “Pass”.

**Tasks** – tasks that need to be completed for the patient. This section tells you if letters need to be produced, if a follow-up appointment is required or if contact information is required. If no tasks are required for the patient, all three boxes will be gray. If a task is required, the box for the required task will be red. If the task(s) has been completed, the box for the completed task will be green.

**Adding a Patient Screen**

To add a patient using the Patients tab:

1. Click on the Patients tab.
2. Click on add patient.

Complete the following fields for the patient:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Medical Record Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
<td>Time of Birth</td>
<td>Gender</td>
</tr>
<tr>
<td>Weight in grams (see Appendix G)</td>
<td>GA: Gestational Age</td>
<td>Status</td>
</tr>
<tr>
<td>Place of Birth</td>
<td>Hospital</td>
<td>Nursery</td>
</tr>
<tr>
<td>Race</td>
<td>Ethnicity</td>
<td>Core Risks/Other Risks</td>
</tr>
</tbody>
</table>

All fields with arrows next to them have drop down boxes with choices to select from. Click on the arrow and the appropriate choice to complete the field.

**Note:** If the patient has no risk factors, click on Other Risks. At the bottom of the screen, select Set all to No.
Complete the following fields for the patient’s mother:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Title (Ms/Miss/Mrs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>County</td>
<td>Zip code</td>
<td>Phone</td>
</tr>
<tr>
<td>Language</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

To select the mother’s resident county, click on the picture of the globe and select the appropriate county. If she resides in another state, you must change the state here or it will default to Iowa.

**Note:** In the case of an adoption, please list the contact information for the person responsible for the child at hospital discharge. In this situation, list the birth mother’s information as a contact. Click on the check boxes to remove birth mother as a primary contact which will prevent further follow-up. If follow-up is needed, IDPH will follow-up with the person responsible for the child at hospital discharge. (i.e. Attorney, Adoption Agency)

Once you have entered the information listed above, click the **Save and Add PCP/Medical Home** button at the bottom of the page to save the new patient information and add the provider’s name to the record.
Adding a Primary Care Physician and/or Outpatient Services

IMPORTANT!: The infant’s primary care provider (PCP) is the health care provider who will provide on-going care to the infant once the child is discharged from the hospital, birth center, other. It is not necessarily the attending physician at the hospital. Completion of this field is required by law; therefore, each institution is encouraged to have a policy regarding completion of this field.

To add a professional contact:

1. Under Step 1: Select a Service, click on the drop-down box to view a list of provider service types. To select the primary care physician child will go to for ongoing care after hospital discharge, click on PCP/Medical Home.

2. Under Step 2: Select Professional Contact, click on the radio button Search for Person. Click on Locate Professional Contact.
3. Type in the last name and first initial of the first name.  
*Note:* If you have difficulty locating an individual, you will increase your chances by entering a part of the person’s name rather than the entire name.

4. Click the **Submit Search Criteria** button.

5. Click the **select** button next to the correct professional contact’s name.

6. Verify the professional contact’s information displayed in step 5.
7. Click the **Save & Return to Demographics** button.

**Note:** If you cannot locate the professional contact after searching, add a case note which includes the name of the professional contact and notify the State EHDI Coordinator for further assistance. There may be times when you cannot find a physician because their address is still listed as “out of state” or it may indicate their home address instead of the work address. The physician is the only one who can request a “change of address” and it must be done through the Iowa Board of Medicine Web site (Iowa--[http://medicalboard.iowa.gov](http://medicalboard.iowa.gov)) under licensure or by calling (515) 281-5171. The EHDI program receives a monthly update from the board for physicians and nurse practitioners.
Adding Case Notes

To view/add case notes:

1. Click the **View/Add Case Notes** button.

2. In the Patient Case Notes screen, click the **Create General Note** button.
3. In the New Patient Note screen, type the new note in the text box.

4. Click the **Save Note** button.

5. Click the **Cancel** button to return to the Demographics page.
The second tab at the top of the medical record is the Hearing tab. This tab contains:

**Patient Outcomes** – patient outcome information including the description of the screening results, the status of the outcome and appointments needed (if any).

**Screening Results** – screening result information. The screening result information appears by screen type, screener, ear tested and result of the test, test time and test performed. To add screening results manually, click the **Enter Manual Screening Results** button.

**Assessment** – assessment data. To view/edit Assessment data or Amplification/Intervention data, click the **view/edit** button next to the correct section.

### Adding Exam Results Manually

Exam results can be added to a patient’s record manually or imported electronically from the screening equipment.

#### Adding Exam Results Manually

To enter exam results manually:

1. Click on the **Hearing** tab at the top of the patient’s record.
2. Click the **Enter Manual Screening Results** button. This will bring up the “Add Hearing Exam” page.
3. On the “Add Hearing Exam” page, make the appropriate drop-down selections for testing location, testing services provider, testing technique, technology employed and equipment used. See page 10 to set defaults for your user name and facility to make this information appear automatically for each patient.

4. Click on the drop-down box to enter results for the tested ear (i.e. pass, refer or technical fail).

Note: Technical fail (TF) should not be used for machine failure. TF can be used for a fussy baby, too much noise in the room. TF should be used sparingly.

5. Select the appropriate test type, screener, and date/time of screen.

6. Click the Save button.

Note: If screening results are incorrectly entered, please contact the State EHDI Coordinator to override results. Re-entering the correct results will appear as a second screen in the patient record and will inflate data used for reports. See Appendix A for staff members’ contact information.
7. Follow steps 1-6 to enter rescreen results.

The patient’s record will now show the hearing exam results in the Screening Results section under the Hearing tab.

The results will also appear in the Screening Summary section under the Demographics tab.

When all screening results have been entered, click on the Demographics tab and discharge the patient.
**Adding Exam Results Electronically**

Importing test results via an electronic file from testing equipment is a task that needs to be done on a routine basis. If your facility decides to import results, you will need to know details about your screening equipment first (1. location of the test file; 2. technology type; 3. equipment name).

**To import from the Patient Tab:**

1. Click on the **Patients** tab.
2. Click on **Import Test Results** button.
3. Verify location and select testing location details from the drop-down list boxes.
4. Select test type and screener from drop-down list box.
5. Click the **Browse** button to locate the “Exam” file.
6. Click the **Start Import** button to process the “Exam” file.

7. Records found in the Import Test Results File page will display a list of patient names and exams.

If the records appear in the **Test Results to Assign** section, the records require additional data to be assigned or the record does not exist in eSP™ and needs to be created.

The **Test Results to Assign** section contains records to assign and records to repair.

A **record to repair** contains details about the exam that do not match the information entered for test location, test type or screener at the beginning of this exam import. A file may require repairing after it has been assigned.
To repair a record:

1. In the Test Results to Assign section, click the **repair** button next to the patient record to complete.
2. An exam results page will appear. Verify that the testing location, technique, technology, test type and screener are all correct.
3. Click the **Save and Continue** button to complete the processing of the record.
4. Repeat steps 1 – 3 until all records appear in the Test Results Successfully Processed section.

A record listed under Test Results to Assign cannot be located by eSP™. You can modify the search criteria to look for the record, in case the name or medical record number vary slightly in the import details or create a new record if one does not exist.

To assign a record:

1. In the **Test Results to Assign** screen, click the **assign** button next to the patient record to complete.

2. A search page appears allowing you to search for the record in case it exists with slightly different identifying details.
Patient not found in search
1. If patient does not exist or display as a search result, click the **Create New Patient Record** button.
2. Fill in the new patient details in the Add New Patient screen.

Exam results can be added to a patient’s record manually or electronically.

Patient found in search
1. If the patient does exist and is displayed in the search results section, click the **Select** button next to correct patient name.
2. Verify patient demographic details when the patient record appears.
3. In the quick links drop-down box, located in the upper right corner of the screen, select **current imported file** to continue working on the assignment of records for this import.
4. Repeat steps 1 – 3 until all records appear in the Test Results Successfully Processed section.

**Note:** For the records that did not need to be assigned or repaired and appear in the **Test Results Successfully Processed** section, the exam import is complete. This means the patient record existed in eSP™ and the test results were automatically linked to the record.
**Patient Discharge**

Changing a patient from inpatient to outpatient status notifies eSP™ that the patient is no longer available for a birth admit screening. It triggers the system to calculate the Birth Screening Outcome and determine if further care is required.

1. To change a patient from inpatient to outpatient status: In the Demographics tab, click the **Outpatient** radio button in the Location section.
Hearing Screen Not Completed (Deceased, Refused, Transferred, etc.)

There may be times when a patient does not receive a hearing screening before leaving the facility. These instances are infant death, parent refusal, transfer to NICU, missed screening, etc.

Infant Death

If a child dies, it is very important to mark the patient as deceased within the record. This activity will end all reminders and complete this patient’s medical record.

1. Click on the Demographics tab and change patient location to Inpatient if patient status is outpatient.
2. Select Edit Patient.
3. Go to Status, select Deceased from the drop down menu.
4. Select Save & Return to Demographics tab.
5. Change location to Outpatient.

Note: All babies born at the facility must be entered into eSP, even those who only live a few minutes. A good rule of thumb is to put any infant into the database who will be issued a birth certificate.
**Parent Refusal**

Although parent consent is not necessary to perform newborn hearing screening, parental objection to the screening is valid. If a parent refuses to have their infant screened, it is very important to obtain a written refusal from the parent or guardian and record the refusal in the patient’s record.

1. The birthing hospital, birth center, physician, or other health care professional shall obtain a written refusal from the parent or guardian using IDPH’s refusal form.

**Note:** This form can be found on the EHDI Web site, [http://www.idph.state.ia.us/iaehdi/professionals.asp](http://www.idph.state.ia.us/iaehdi/professionals.asp) or a sample of the refusal form can be found in Appendix H.

2. The original shall remain in the infant’s medical record and a copy mailed to IDPH within six days of the birth of the newborn.

3. Click on the **Demographics** tab and change the patient location to **Inpatient** if patient status is outpatient.

4. Select **Edit Patient**.

5. Go to **Status**, and select **Refused** from the drop down menu.

6. Select **Save & Return to Demographics** tab.

7. Change location to **Outpatient**.

**Patient Transfer**

There may be times that you need to transfer a patient to another facility. A patient may be transferred from your facility to another facility to receive specialized care. You will also need to transfer a patient when a child is referred for follow-up testing if they fail their hearing screen.
To transfer a patient from your facility to another facility:

1. Click on the **Demographics** tab and change the patient location to **Inpatient** if patient status is outpatient.
2. In the Patient Professional Contacts section, click the **Add Professional Contact** button.
3. Under **Step 1: Select a Service** click on the drop-down box to view a list of provider service types. Select “Birth Screen Provider.”
4. Under **Step 2: Select Professional Contact**, click the radio button next to **search for place (facility)**. Then click **Locate Professional Contact**.

5. Type in a few letters of the facility’s name and click the **Submit Search Criteria** button. If it is an out of state facility, make sure you change the state using the drop down box.
6. Click the **select** button next to the correct facility. Verify the facility’s information.
8. Click the **Save & Return to Demographics Tab** button. You will be taken back to the client’s record.
9. All contacts selected for the patient will appear in the patient’s record in the patient Professional Contacts sections. To transfer the patient, click the Remove button next to the provider or facility that will no longer have responsibility for the patient.
10. A message box, asking whether you want to remove your facility as a professional contact, will appear. Click the **OK** button.

![Message Box](image)

**Other Not Screened**

Should there be another reason that a birth screen did not occur (i.e. miss).

1. Enter the demographic information and immediately change the patient’s location to **Outpatient**. This will remove the patient from the “birth screen” status and will require an outpatient screen.
2. Enter a case note (i.e. Equipment malfunction. Will retest at 2-week checkup.). See page 23 for instructions on entering case notes.
Chapter 4—Searching for a Patient

A patient search allows you to find a specific patient(s) based on criteria such as name, date of birth, medical record number, or specific demographic details and screening outcomes.

Searching Tips

1. KEEP YOUR SEARCHING CRITERIA TO A MINIMUM. Do not enter all the information you have on the baby – try entering just the first or last name.

2. If you know the date of birth, you can enter in a range for that date. Simply enter the date of birth in both boxes on the search page to find only the babies born on that day.

3. If you only know mother’s name, search using the demographics button on the patient search tab.

4. When searching for a physician, keep in mind that their city of residence may be different than where they practice.

5. A physician may register his or her license under a different name than the name used at your facility. For example, you may know Dr. Smith as Dr. Adam Smith, but his license may be registered under his full name, John Adam Smith. It may be easier to narrow the criteria for a physician by searching by city.

6. If you are unsure of the correct spelling, conduct a wildcard search. For example, you know baby’s last name is Hansen, but it may have been entered as Hanson. Simply enter “Han” and all possible combinations that start with those three letters will appear.

To search for a patient:

1. Click on the Patients tab.

2. Click on new search.

3. In the Patient Search Criteria screen, enter the desired search criteria to identify a patient. Patient search criteria can include the patient’s name, medical record number, date of birth, and/or patient location. **Note:** The date of birth defaults to 90 days prior to day of search. This can be changed to widen or narrow your search.

4. You can also search for a patient using advanced criteria such as demographic information and test results. The end of this chapter covers other ways to search.

5. If you would like to save your customized search, click on “Yes, save this search” under Save Current Search and name the specific search in the description box.

6. Click the Submit Search Criteria button.

Advanced Patient Search

You can also search for a patient using advanced search criteria such as professional contacts, demographic information, patient status, test results and hearing risks.
Search Using Demographic Information

To conduct an advanced search using demographic information:

1. Click the Demographics button.

2. Enter the demographic information you would like to search for such as gender, birth weight, patient’s contacts, race and ethnicity.

   Note: If the information you type is different from what was initially entered into eSP™, your search may come up blank. Keep your search simple.

3. Click the Save button.
4. The search screen now shows that an advanced search for demographic information exists. (The Edit Demographics button will appear highlighted.)

5. Click **Submit Search Criteria** when finished.
Search Using Test Result Information

To conduct an advanced search using test result information:

1. Click the Test Results button.
2. Enter the test results information you would like to search for, such as results criteria, data to use, or screening dates.
3. Click the Save button.
4. The search screen now shows that an advanced search for test result information exists. (The Edit Test Results button will appear highlighted.)
5. Click the Submit Search Criteria button.
## Test Results Search Criteria:

### Results Criteria:
- **Pass**
- **Refer**
- **Technical Fail**
- **Not Tested**
- **Not Required**
- **Not Appropriate**

### Apply Criteria To:
- right ear
- left ear
- only one ear
- one or both ears
- both ears

### Data To Use:
- DPOAE
- TOAE
- AABR

### Screening Dates:
Find screens performed between:

[Input fields for dates]

### Buttons:
- Save
- Cancel
**Search Using Patient Status Information**

To conduct an advanced search using patient status information:

1. Click the Patient Status button.

   - Click on the option(s), in each box, you would like to search for.

2. Click the Save button.

3. The search screen now shows that an advanced search for patient status information exists. (The Edit Patient Status button will appear highlighted.)

4. Click the Submit Search Criteria button.
Search Using Hearing Risk Factors

To conduct an advanced search using hearing risk factors:

1. Click the Risk Factors button.
2. Select the risk factors you would like to search for.
3. Click the Save button.

4. The search screen now shows that an advanced search for test result information exists. (The Edit Hearing Risks button will appear highlighted.)
5. Click the Submit Search Criteria button.
6. The system will generate a list of patients who fit the search criteria. To select a specific patient’s record, click the view button next to the patient’s name.
Search Using Professional Contact Information

If you are interested in finding a provider in your area, you can conduct an advanced search using professional contact information:

1. Click the Professional Contacts button.
2. Choose search by provider name or search by facility name.
3. Click the Locate Professional Contact to Search With button.
4. Enter the professional contact information you would like to search for, such as name, service provided, or address. **Note:** If you do not know the full name of the professional contact, you can enter a part of the person’s name, and the system will do a “wildcard” search.

5. Click the **Submit Search Criteria** button.
6. The contacts that match your search criteria will appear. To select a professional contact, click the select button next to the name of that professional contact.

![Patient Search: Locate Professional Contact]

7. Verify the professional contact information.
8. Click the Save button.

![Professional Contacts Search Criteria]

9. The search screen now shows that an advanced search for professional contact exists. (The Edit Professional Contacts button will appear highlighted.)
10. Click the Submit Search Criteria button.
Searching for Late Onset or Progressive Hearing Loss

1. Click the **Patient Status** button.


4. Click the **Save** button.
5. The search screen now shows that an advanced search for patient status exists. (The Edit Patient Status button will appear highlighted.)
6. Enter any other search criteria information.
7. Click **Submit Search Criteria** when finished.

**Search for Babies Failing OAE but Passing AABR**

This is a two part process. The first part will give you a list of all children who passed their AABR in NICU.

1. Go to Patients tab, click on New Search.

2. Click on NICU under Nursery.

3. Type in range of birth dates you wish to search.
4. Click on **Test Results**.
5. Click on Pass under Results Criteria.
6. Click on AABR under Data to Use.
7. Click on Both Ears under Apply Criteria To.
8. Click on Save.

9. Click on Submit Search Criteria.

To see which of these children failed their OAE:

1. At the bottom of the page of names, click on Export Results.
2. Go to Build Export Fields List. Click on a field name, then click on the + sign. This will move that field to your report. For this search, use the fields: Patient’s Last Name, Patient’s Medical Number, Patient’s Date of Birth, Screening Summary Right for OAE, Screening Summary Left for OAE, Screening Summary Right for AABR, Screening Summary Left for AABR.

3. Click on the arrow next to file type and select Tab Delimited.

4. Click on Export File.

5. This will bring up a list in Microsoft Notebook. This list will be much easier to read as an Excel spreadsheet. Click and drag your cursor across all the information on the Notebook. Click on Edit, then Copy.
6. Open Excel. Place cursor on cell in upper left corner and click Edit, then Paste.
7. This will format the list so it is easier to read. You will see the results of the OAE and the AABR testing.
Chapter 5—Editing Patient Information

Once a patient has been added to the eSP™ system, their specific information can be edited.

Using the Patient Record to Edit Information

To edit information for a patient at your facility:
1. Click on the Patients tab.
2. Click on new search.
3. In the Patient Search Criteria screen, enter the desired search criteria to identify a patient.
4. Select a patient record to edit by clicking on the view button next to the patient’s name.

5. To edit information in the patient’s record, click the button that corresponds to the section you would like to edit.

Editing Demographic Information

To edit demographic information:
1. Click the Edit Patient button on the patient name bar. This allows you to edit the patient’s demographic information
2. Enter the correct demographic information and click the **Save & Return to Demographics Information Page** button.
Editing Contact Information

To view/add contact information:

1. Click the **View/Add Contact(s)** button in the Primary Contact Details section.

   a. If NO current contact exists, click the Contact’s Details drop-down box to select the contact’s relationship to the patient. Enter the contact’s information. Click the **Save and Continue** button.
b. If a PREVIOUS contact exists, click the Add Contact button to access a new contact information page. Note: Make sure only one contact exists as the “primary” contact. All can be listed, but only one as primary as this is who the EHDI program will contact for follow-up.
i. Enter the information for the new contact. If a contact lives in a different and county, click on the picture of the globe and select the appropriate state and county. The state will default to Iowa on this screen.

ii. Click the **Save and Continue** button to save the new contact information and return to the patient’s Demographics tab.

c. If a **PREVIOUS** contact exists and you need to change information for the contact, click the **View/Add Contacts** button.

i. Chose the correct contact and make the necessary changes to the contact’s information.

ii. Click the **Save and Continue** button.
2. If the contact is not the primary contact, uncheck the boxes marked “Primary Contact” and “Send Letters.”

Note: If the infant’s mother will not be the primary contact (e.g. baby being adopted or going to foster care), do not delete her as a contact. Uncheck the “Primary Contact” and “Send Letters” boxes. See Step 2 above.

**Editing Case Notes**

To edit an existing case note:

1. Click the **View/Add Case Notes** button.
2. Remove the date in the “edited from:” line and click on Search Notes.

3. Click the edit this note button next to the case note to be revised.

4. Type in the revision. Click the Save and Return button.
5. Click the **Cancel** button to return to the Demographics page.

**Editing Core Risk/Other Risk Information**

To edit core risk/other risk information:

1. Click the **Other Risks** button.

2. Select **Yes**, **No**, or **Unknown** from the drop down menu next to each risk indicator. You can also use the tab key to move from drop-down box to drop-down box. Once the box is highlighted you can type in **Y** for **Yes**, **N** for **No** or **U** for **Unknown**. Select “Set all to No” when there are no risk factors.

3. Click the **Save and Close Window** button.
<table>
<thead>
<tr>
<th>Risk Factors Color Key:</th>
<th>Core</th>
<th>National</th>
<th>Local</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cranio-facial anomalies</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exchange transfusion for elevated bilirubin</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family hx of hearing loss</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NICU &gt; 5 days</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apgar 0-4 at 1 minute</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apgar 0-6 at 5 minutes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bacterial meningitis</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth weight &lt; 1500g</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Congenital infection</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head Injury</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurodegenerative Disorder</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other postnatal infection</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Otitis media &gt; 3 months (middle ear infection)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ototoxic medications administered</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parental concern regarding hearing status</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PPHN associated with mechanical ventilation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Syndrome</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Chapter 6—Letters, Reports and Other Tasks

View and Print Letters

Letters that have not been printed will be displayed on the Generate Letters page. Generating letters does not print them but it creates a Microsoft Word document that may be printed at any time. Multiple patients and letter types may be selected to include in the document, as Microsoft Word will place a page break between each letter to ensure separate letters are printed.

To generate letters:

1. Click on the Letters tab.
2. Click on generate letters.
3. To select individual patient letters, place a checkmark in the box next to the patient’s name and letter topic to print.
4. Click the Generate for Selected Patients Only button to generate letters for only those patients marked with a check.
5. The View Letters page will appear.
To view and print letters:

1. Click on the **Letters** tab.
2. Click on **view letters**.
3. Click on the Word document icon next to the correct date and time of generated file.

4. Select “Open this File from its current location” and click **OK** to view the document.

5. In the open Word document, select the **File** option located in the upper left hand corner of the screen.
Follow-up Appointments

Patient records requiring Outpatient, Risk Monitoring, or Audiological Assessment testing will display as a red appointment(s) reminder in the Patient Summary section of the Demographics tab.

To document the appropriate follow-up appointment(s):

1. Click on the **Patients** tab.
2. Click on **patient journey**.
3. In the Appointments section, click the button that corresponds to the **appointment type(s)** you need to make.
4. Select the patient that you would like to make an appointment for by clicking the **view** button next to the patient’s name.
5. Click on the **Hearing** tab at the top of the patient’s record.

6. Click the **edit** button next to the correct appointment to make.

7. Select the date and time of the appointment, the due date of the appointment and any notes associated with the appointment.
8. Click the **Save & Return to Hearing Tab** button.

**Reports**

**Annual Birth Admission Screening or Aging Report**

The eSP™ data system allows users to run reports to provide data for their quality assurance programs. Annual reports show the number of children screened at each facility and can be used to monitor the miss and refer rates. Aging reports show the age intervals at which children are screened.

*To run a report:*

1. Click on the **Reports** tab.
2. Click on type of report you wish to run (annual or aging).
3. Select the appropriate year if you are running an annual report. If you are running an aging report, enter the time frame of your search under the **Date of Birth** range.
4. Click on the Run Report tab at the bottom of the page.

5. You will get a security prompt at the top of the page, typically in yellow, click on the prompt, select Download File.

6. You will then get a prompt, Do you want to open or save this file? Click open. The report will appear.

**Definitions for Birth Admission Screening Report**

**Needed:** The number of babies born that needed a hearing screen. Babies who died before screening or whose parents refused testing will not be counted.

**In Process:** The number/percent of babies whose birth screen is not yet complete.

**Done:** Babies who have screen results on their record.

**Pass Both:** Babies who passed in both ears.

**Refer:** Babies who referred in one or both ears.

**Missed:** Babies who did not receive a hearing screen before discharge.

**Needing Follow-up:** Babies who missed or referred.
Definitions for Headings on Age of Follow-up Report

In Process: The number/percent of babies whose birth screen is not yet complete.

Receiving follow-up: Babies who have follow-up results entered. Note that this category separates the babies classified as BA missed and those classified as BA failed (refer).

Both Pass: Babies who are cleared for significant hearing loss in both ears

Lost to follow-up: Babies whose outcomes have been set to “lost” by the clinician (typically babies/children considered lost to follow up).

DX needed: Babies who have not passed a follow-up screen and need additional assessment to determine if hearing loss is present.

Missed Search - Children Who Missed Hearing Screen

If you want to find out the names of the children who show up as missed on your annual birth admission screening report, run the following search:

1. Click on New Search.
2. Under date of birth, select the date range you wish to locate the children who were missed. You can do this for a month or year. Enter the dates.
3. Click on Patient Status.
4. Under Birth Screening Outcomes, select missed and then click on Save at the bottom of the page. It will take you back to the patient search criteria screen where you will see the Patient Status button changed to Edit Patient Status and it will be a yellow or greenish yellow color indicating you have criteria selected.
5. Click on Submit Search Criteria.
6. You will get a list of babies that meet that criteria (missed).
To-Do Lists

This section allows you to print lists of patients from eSP™. These lists may contain patients requiring screenings to be performed or appointments to be scheduled.

To print to-do lists:

1. In the Menu Tabs, click on the Patients tab.
2. Click on patient journey.
3. In the Screen Patients section of the patient journey, click the button that corresponds to the type of screening to-do list(s) you would like to print.
4. In the Appointments section of the patient journey, click the button that corresponds to the type of appointments to-do list(s) you would like to print.

5. Click the **TO-DO** button at the bottom of the list.

6. Click on the **Print List** (click here to print this list) link. Click the **Print** button.
Appendix A—EHDI Staff

For questions about the EHDI program or the eSP data system, contact:

**Tammy O’Hollearn, State EHDI Coordinator**
Iowa Department of Public Health  
Bureau of Family Health  
Lucas State Office Building  
321 East 12th Street  
Des Moines, IA 50319-0075  
Telephone: (800) 383-3826  
Fax: (515) 242-6013  
Email: tohollea@idph.state.ia.us

or

**Erin Tokheim Kongshaug, EHDI Project Coordinator**
University of Iowa Child Health Specialty Clinics  
Iowa Department of Public Health  
Bureau of Family Health  
Lucas State Office Building  
321 East 12th Street  
Des Moines, IA 50319-0075  
Telephone: (800) 383-3826  
Fax: (515) 242-6013  
Email: erin-kongshaug@uiowa.edu

EHDI Web site: [http://www.idph.state.ia.us/iaehdi/default.asp](http://www.idph.state.ia.us/iaehdi/default.asp)

For questions about newborn hearing screening equipment or other audiology issues, contact:

**Lenore Holte, Senior Ph.D., CCC-A**  
**Senior Project Audiologist**  
Speech Pathology and Audiology  
Center for Disabilities and Development  
100 Hawkins Drive  
Iowa City, IA 52242-1016  
Telephone: (319) 356-1168  
Fax: (319) 356-8284  
Email: lenore-holte@uiowa.edu
Appendix B—Computer Equipment Guidelines

In response to requests from providers, the following suggestions are provided for agencies to use when purchasing new computer equipment. While eSP™ may function well with standards less than specified, we recommend this baseline on new purchases. These are only guidelines. The Iowa Department of Public Health does not recommend or require any particular brand, model of computer or related device. Each agency contract with the Iowa Department of Public Health identifies a number of computer equipment requirements. Refer to your current contract to identify specifics.

Minimum Requirements - Computers

- Processor Type: Pentium 4. There are no known issues with other processor types (e.g. Intel Celeron or AMD Athlon), but choosing the original processors may assure that issues do not arise.
- Processor Speed: 1.5 GHz
- Memory Size: 256 megabytes
- Hard Disk Storage: At least 20 gigabytes
- Monitor: 17” with, at most, a .28 dot pitch. Larger monitors are available for a little more, but may be too large to fit in some office settings. The smaller the dot pitch number, the crisper the image should be. Unfortunately monitor specifications do not always accurately reflect image quality.
- Modem (if needed): At least 56 kilobits per second. Almost all modems sold today are 56K.
- Operating System: Minimum requirement is Windows 2000; however eSP will also work on Windows XP.
- Net Framework 1.1 (up to date with all service packs)
- Adobe Reader 7

Minimum Requirements - Printers

For black and white use in an office, a laser printer is preferable. Inexpensive inkjet color printers are available, but may not be suitable for heavy use in an office. For most offices, laser printers for most work and an inkjet color printer for occasional color printing could be a good combination. Historically, laser printers from Hewlett Packard Corporation have had few compatibility problems and have proven reliable. In choosing a printer, availability of tech support and access to toner, ink and other consumables should be considered.

Minimum Requirements - Internet Service

Most communities have 56K dialup modem access to the Internet through an Internet Service provider. If that is the only service available, then it is important to have separate modems and separate accounts for all users. If DSL or cable modem access is available in a community, these services should be evaluated. Some may seem very expensive, but the cost should be evaluated in light of potential productivity gains of quicker response time.
Password Tip Sheet

1. **Never write down passwords.** People sometimes make the mistake of writing down passwords on their monitors, on the inside of desk drawers, on the underside of keyboards, in their wallets, and in other obvious places. If you must write something down, write a hint, rather than the password itself. Any hints that are written down should be as obscure as possible, and ideally, they should be meaningful only to you.

2. **Always use more than one word to make a password.**
   A single-word password is easily discovered. A better option is to string several words together, joined by numbers and symbols, as in `<Jump!1Spot!2Jump>`. Avoid special characters such as * ? ~ # @ & .

3. **Use phrases to build a password.**
   If you use the first or last letter of the words in an easy-to-remember phrase, replacing characters with numbers, you have added yet another layer of security. An example of this might be the phrase Four Score And Seven Years Ago, which leads to the password 4SA7YA or 4S’n’7YA.

4. **Never enter a password with anyone else facing the keyboard or screen.**
   Sometimes a user will log on while working closely with another user, or will log on to give a demonstration to someone who is staring intently at the computer. Make it a practice to politely turn away while any user is entering a password at a computer. This practice will help remind others to be courteous and turn away, and can encourage the good habits of hiding this step.

5. **Change your password frequently (even if the system hasn’t forced you to).**
   If a hacker has your password or you think someone might have it, the best method is to change it immediately. If someone has hacked in using your password, they can cause a lot of damage to the system, all while logged in under YOUR ID.

6. **Never tell anyone your password (even your supervisor).**
   There is never a reason to tell anyone your password. Each employee has a unique User ID and password. If someone else needs additional access for a temporary or permanent period of time, that access can be requested and granted without needing your password.
Appendix D--New Token User Request Form

New User/Token Request Form

Please complete *(print clearly, and in ink)* and mail original signed form to the address at the bottom of this document. If a security token is required for the application requested, it will be mailed to you at the address provided below after payment has been received (unless other payment options have been previously arranged).

Do you currently have an IDPH security token?  
Yes ☐ No ☐

If yes, enter Serial number from back of token

Name (First, Middle Initial, Last): ____________________________________________________________________________

Email: ____________________________________________________________________________ Date of Birth: ___/___/____

Driver's License#: ____________________________  Issuing state of DL#: ____________________________

Mother's Maiden Name: ____________________________________________________________________________

Supervisor Name: ____________________________________________________________________________

Organization: ____________________________________________________________________________

Mailing Address:______________________________________________________________________________

__________________________________________________________________________________________

Organization Id#: ____________________________________________________________________________ Organization Phone#: ( ___ )

EHDI Security Rights ☑ EHDI user

Your signature below attests that you *fully understand and agree* with the Non-Disclosure Agreement on Page 2.

New User Signature: ____________________________________________________________________________ Date: ____________________________

Supervisor Signature: ____________________________________________________________________________ Date: ____________________________

__________________________________________________________________________________________

FOR IDPH USE ONLY:
Authorized Program Staff Signature: ____________________________________________________________________________ Phone: ____________________________________________________________________________
Date Received: ___/___/____ Org. Code to charge: ____________________________________________________________________________

__________________________________________________________________________________________

FOR BUREAU OF INFORMATION MANAGEMENT USE ONLY:
Token ID Number: ____________________________________________________________________________ User Name: ____________________________________________________________________________
Access Granted: ____________________________________________________________________________ Date Token Assigned: ____________________________________________________________________________
Date to Fiscal: ____________________________________________________________________________ Fiscal Contact: ____________________________________________________________________________

MAIL ORIGINAL SIGNED FORM TO:  
Iowa Department of Public Health  
Bureau of Family Health  
321 E. 12th St  
Des Moines, IA 50319-0075  
ATTN: Tammy O'Hollearn
Appendix E--Inactivate User Request Form

Iowa Department of Public Health

Inactivate User Request Form

Please complete as much information as you can (print clearly, and in ink) and mail original signed form to the address at the bottom of this document.

☐ Inactivate Entire User Account

☐ Inactivate User Account for this application only: ______________

Name (First, Middle Initial, Last): ___________________________ __________

Email: ___________________________ Date of Birth: __ __ __

Driver’s License#: ___________________________ Issuing state of DL#: ___________________________

Organization: ___________________________

Organization Id#: ___________________________ Organization Phone#: (___) ___ ___ ___

User Signature: ___________________________ Date: ___________________________

Supervisor Signature: ___________________________ Date: ___________________________

Reason for Inactivation:

............................................................................................................................... ....................................................

FOR BUREAU OF INFORMATION MANAGEMENT USE ONLY:

MAIL ORIGINAL SIGNED FORM TO:
Iowa Department of Public Health
Early Hearing Detection & Intervention
321 E. 12th St
Des Moines, IA 50319-0075
ATTN: Tammy O’Hollearn

Date Inactivated: __ __ __
Appendix F--Token Replacement Form

Iowa Department of Public Health

Token Replacement Request Form

Please complete (print clearly, and in ink) and mail original signed form to the address at the bottom of this document.

☐ Lost / Damaged  Replacement cost is $100.00 for a lost or damaged token.

☐ Broken / Defective  If you return token to IDPH Information Management Bureau, a new token will be assigned at no cost to you.

Name (First, Middle Initial, Last): ___________________________  ___________________________

Date of Birth: __/__/____  Email: ___________________________

Driver’s License#: ___________________________  Issuing state of DL#: ___________________________

Organization: ______________________________________

Mailing Address :


Organization Id#: ___________________________  Organization Phone#: (____) ________

User Signature: ___________________________  Date: ___________________________

Supervisor Signature: ___________________________  Date: ___________________________


FOR IDPH BUREAU OF INFORMATION MANAGEMENT USE ONLY:

Replaced Token ID: ___________________________  New Token ID: ___________________________

Date Paid: ___________________________  Check Number: ___________________________

Date to Fiscal: ___________________________  Fiscal Contact: ___________________________

Note: Deposit payment to Org. code# 2208

MAIL ORIGINAL SIGNED FORM TO:

Iowa Department of Public Health
Early Hearing Detection & Intervention
321 E. 12th St
Des Moines, IA 50319-0075

ATTN: Tammy O’Hollearn
Appendix G--Token Receipt Form

Iowa Department of Public Health
Bureau of Information Management

Acknowledgement of Receipt of Security Token

Complete the following steps:

1. Read, sign and date this page in the spaces provided below.
2. Make a copy of this document for your records.
3. Return this original signed document to the address listed below.

You are responsible for protecting the assigned security token (TOKEN ID# ____________) and Personal Identification Number (PIN) that you will be required to create. Your assigned user name is: (______________). Keep your PIN secret and protect your token against loss and theft. If an unauthorized person learns your PIN and obtains your token, this person can assume your identity. Any action this intruder takes is attributed to you in the system’s security log. For your own protection and that of the system, always take the following precautions:

- **Do not** set PINs to:
  - Easy numbers such as “1111”
  - The serial number of the token or any part of it.
  - Your UserID, EmployeeID or part of your Social Security Number.
- **Never** reveal your PIN to anyone, and do not write it down.
- If you think someone has learned your PIN, notify the help desk (IDPH Employees) or call 515-281-4258 (External Users), who will clear the PIN immediately. At your next login you will have to receive or create a new PIN to use.
- **Do not** let anyone access the system under your identity. In other words, do not let someone use your security token password and PIN number.
- Only use the token for its intended use. Misuse of the token or the accesses granted through the token, may result in revocation of the token.
- Be careful not to lose your security token or to allow it to be stolen. If your security token is missing, notify the help desk (IDPH Employees) or call 515-281-4258 (External Users) immediately. It will be disabled so that it is useless to unauthorized users.
- Your security token must be protected from physical damage. Do not immerse it in liquids, do not expose it to extreme temperatures, and do not put it under pressure or bend it. Damaged or misused tokens must be returned to IDPH Information Management for replacement and the cost of the replacement ($100.00) will be your responsibility.
- If you have any problems or issues regarding the use of your token, use the help desk procedures (IDPH Employees) or Call 515-281-4258 (External Users).
- Upon departure, you **MUST** return your assigned token to your supervisor/manager on the last day of employment or date requested by management.

I hereby acknowledge receipt of the above numbered Token and it’s associated PIN, and I acknowledge receipt of the instructions and agree to abide by the rules for use.

User Name (printed): ____________________________ Agency: ____________________

User Signature: _________________________________ Date: _________________

PLEASE RETURN TO:
Iowa Department of Public Health
Early Hearing Detection & Intervention
321 E. 12th St
Des Moines, IA 50319-0075
ATTN: Tammy O’Hollearn
PARENTAL REFUSAL OF NEWBORN HEARING SCREENING

Dear Parent:

Congratulations on the birth of your baby! You have indicated an objection to the hospital conducting a hearing screening test on your baby. We want you to understand some facts prior to signing this refusal form.

First, the hearing screening test would not hurt your baby. Most babies sleep through the test.

Second, hearing loss is the most commonly occurring disability in infants. Hearing loss occurs in approximately three babies out of every 1,000 born in the United States.

Third, if your baby does have a hearing loss, it is important to know about it as soon as possible. Adequate hearing is important for your child to learn normal speech, language, and other developmental skills. A delay in identifying hearing loss leads to delays in a child’s ability to talk and communicate. Early detection of hearing loss and early intervention and treatment before six months of age has been demonstrated to be highly effective in facilitating a child’s language and communication development.

Finally, you should not rely on your own ability to determine whether your baby has hearing loss. Reliance on parental recognition to detect hearing loss has not been successful, as over 50 % of newborns and infants with hearing loss go undetected until the age of two and a half. Your refusal to allow your baby to be screened for hearing loss could have significant consequences for your baby’s future development.

I, _____________________ [parent/legal guardian], am refusing to allow _______________ [insert name of hospital] to conduct newborn hearing screening on ________________ [name of baby], a baby born on ________________ [date of birth].

I have been told about the importance of having my baby’s hearing tested. I have read and fully understand the above facts. I will make arrangements with my baby’s doctor or audiologist if I want to have my baby’s hearing tested at a later time.

I hereby release, waive, discharge, and covenant not to sue _____________[insert name of hospital], the Iowa Department of Public Health, and the state of Iowa, and all employees, officials, staff, agents, and volunteers of these entities and agencies for any liability, claim, and/or cause of action arising out of my refusal to allow this hospital to conduct newborn hearing screening on my baby or arising out of any loss, damage, injury, or illness that occurs as a result of the fact that my baby was not screened for hearing loss.

_____________________________           ____________
Signature of Parent/Legal Guardian             Date

ORIGINAL TO BE FILED WITH THE MEDICAL RECORD OF THIS BABY AND A COPY TO BE FORWARDED TO THE IOWA DEPARTMENT OF PUBLIC HEALTH WITHIN SIX DAYS OF BIRTH
Appendix I—Grams to pounds conversion

**Grams to pounds and ounces conversion**

Here are two charts (0-6 pounds and 7-13 pounds) to help you simply convert grams to pounds and ounces. Pounds are in blue across the top, ounces in blue down the side -- and grams can be calculated by finding the intersection of the ounces and pounds.

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Pounds are in blue across the top, ounces in blue down the side -- and grams can be calculated by finding the intersection of the ounces and pounds.