



Indiana
Department
of
Health

EHDI ALERT RESPONSE SYSTEM (EARS)

MONTHLY SUMMARY REPORT TRAINING
(MSR)

*Presented by the Indiana Early
Hearing Detection and Intervention
Program (EHDI)*

OUR MISSION:

To promote, protect, and improve the health and safety of all Hoosiers.

OUR VISION:

Every Hoosier reaches optimal health regardless of where they live, learn, work, or play.



Learning Objectives

- Participants will learn Indiana EHDI goals of “1-3-6” and the importance of newborn hearing screening and follow-up.
- Participants will learn the birthing hospital’s reporting requirements into EARS and the monthly summary report.
- Participants will get specific training on entering data into the EARS database.

Presentation Overview

- EHDI goals
- What is EARS?
- Who uses EARS?
- How to enter data into EARS



EARLY HEARING DETECTION
AND INTERVENTION
www.hearing.in.gov

ACRONYMS



“Refer” means “Did not Pass” hearing screening

- **ABR**—Auditory Brainstem Response; type of newborn hearing screen
- **DHH**—Deaf and/or hard of hearing
- **EARS**—“Early Alert Response System” for reporting UNHS
- **Ehdi**—Early Hearing Detection and Intervention Program
- **GBYS**—Guide By Your Side; parent-to-parent support services
- **IDOH**—Indiana Department of Health
- **LTFU**—Loss to follow-up to Ehdi procedures
- **MSR**—Monthly Summary Report or Reporter
- **OAE**—Otoacoustic emission; type of newborn hearing screen
- **PCP**—Primary care physician
- **UNHS**—Universal Newborn Hearing Screening



Public Health Genetics Newborn Screening



Blood Spot (heelstick card)

Tests for over 60 genetic conditions

www.nbs.in.gov

Pulse Oximetry

Screens for critical congenital hearing disease

www.nbs.in.gov

Hearing Screening

Screens for congenital, permanent hearing loss

www.hearing.in.gov

3 different screenings
are completed
on every baby born
in Indiana.

EHDI System and Administration



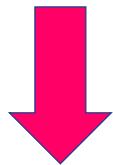
Indiana Department of Health



Maternal and Child Health



Public Health Genetics/
Newborn Screening

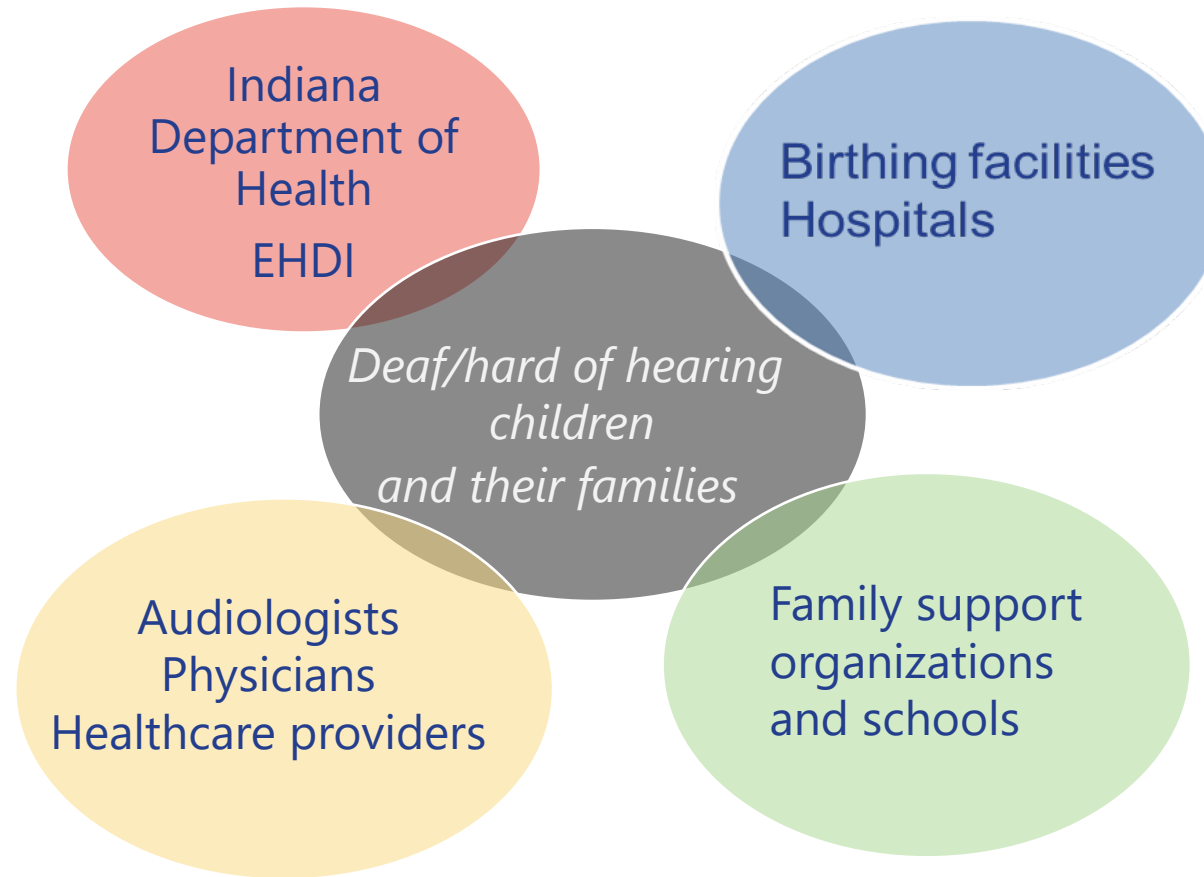


Indiana EHDI

EHDI Staff

Director
Follow-Up Coordinator
EHDI Parent Consultants *af/hard of hearing*
Regional Audiology Consultants *children*
Guide By Your Side Director *their families*
GBYS Parent Guides
Support staff

EHDI System



State Mandate Newborn Hearing Screening

Indiana Code 16-41-17-2 states that "...every infant shall be given a physiologic hearing screening examination at the earliest feasible time for the detection of hearing loss."

Birthing facilities and hospitals are required to report screening results and referral information to EHDI and Indiana Department of Health (IDOH) each month.

Each hospital has a Monthly Summary Reporter (MSR). It is important for screeners to provide all required information to the MSR.



EHDI

“1-3-6” National and State Goals

All infants born in Indiana should receive newborn hearing screening by **1** month of age.

If infant does not pass UNHS, obtain diagnostic audiology test by **3** months of age.

If infant is identified as DHH, enroll in early intervention by **6** months of age (Indiana First Steps).

Why is Newborn Hearing Screening so Important?

IT STARTS WITH **YOU!**

Federal and state
mandated EHDI "1-3-6".



Evidence-based procedures to
maximize speech, language,
learning and development for
deaf and hard of hearing
children.

Congenital hearing loss is considered
a neurological developmental
emergency—timing is critical.

Language input must start immediately
for children to develop cognitive skills.

IN Early Hearing Detection and Intervention

UNHS works to improve outcomes for DHH children

UNHS was mandated by federal law in 2000:

- 1999 age of diagnosis for congenital hearing loss: 36 months
- Currently the age of diagnosis for congenital hearing loss: **3 months of age**

*YOUR EFFORTS ARE CRITICAL FOR LANGUAGE AND SPEECH DEVELOPMENT,
LEARNING AND COMMUNICATION FOR DEAF AND HARD OF HEARING
CHILDREN IN INDIANA*

What Is EARS?

Indiana EHDI's web-based data system to track:

- Universal Newborn Hearing Screening (UNHS)
- Diagnostic Audiology Evaluation (DAE)—follow-up audiology testing after UNHS
- Early intervention
- Parent support

EARS is part of the Indiana Department of Health's Gateway

Who Uses EARS?

- Birthing hospitals to report newborn hearing screening results
- Audiologists to report diagnostic hearing test results
- Guide By Your Side (GBYS) parent guides to report early intervention and short-term outcome data
- EHDI staff to ensure “1-3-6” goals are met for each child

EARS Access

- Access given to verified personnel only. Make request for registration instructions from Regional Audiologist Julia Balbach jbalbach@health.in.gov or Newborn Screening Manager Lisa Wolfe lwolfe@health.in.gov.
- Sign up for IDOH Access Indiana at www.in.gov/access/
- Access EARS through gateway.isdh.in.gov
- Users are given access based on application-specific security roles.

MSR contacts at birthing hospitals

Each birthing hospital will identify a contact person at their facility who is responsible for reporting newborn hearing screening results to EHDI through EARS.

This person is called the MSR (Monthly Summary Reporter) for EHDI purposes. The MSR is responsible for collecting all the data needed and entering that information into EARS, as outlined in this training.

**Please contact Julia Balbach or Lisa Wolfe as soon as possible if this staff member at your facility is going to change so we can train and enroll the new reporter.*

EHDI Regional Audiologists

Indiana EHDI is your partner in this process, and our staff is committed to supporting your facility's newborn hearing screening and reporting process.

Each facility is assigned an EHDI Regional Audiology Consultant who is available to provide ongoing support or training to the MSR or hospital personnel on issues related to newborn hearing screening, audiology or deaf and hard of hearing children.

Each MSR will meet at least once annually with their Regional Audiology Consultant to review hospital quality assurance statistics and confirm appropriate newborn hearing screening procedures.

Please visit www.hearing.in.gov to find your Regional Audiology Consultant under "Hospital Resources".

Hospital staff reporting to the MSR

The hospital needs to establish a system where all screening staff is accurately identifying and alerting the MSR of the necessary information to report “exceptions.”

This includes:

- Screening results per ear and date of screening

- Risk factors -- see those Indiana mandates to be reported in later slide

- Referral location for diagnostic audiology if baby does not pass. Include date and time if appointment scheduled prior to infant discharge. **

- Primary care physician (not hospitalist or attending MD) that will care for infant after discharge

- Infants transferred out or in to your birthing facility

- Any infant not screened (missed, equipment failure, parent refusal)

*Referrals for diagnostic testing should only be sent to audiologists who are equipped and trained to test infants. Please see the comprehensive audiology provider list: [EHDI Indiana Audiology Provider list at www.in.hearing.gov](http://EHDIIndiana.org/AudiologyProviderList)

Direct Referral Form Example

This form can be customized for your specific region. Please reach out to EHDl to request a customized form for your local area.

Use this form to fax to audiology location and the infant's PCP to make sure family gets to the correct location for follow up testing.

Direct Referral Form for Diagnostic Audiology Evaluation
Insert Hospital Name here!

Audiology Follow-up (Please circle the location the family chose for follow-up)

Insert provider info here from Comprehensive List	Insert provider info here from Comprehensive List	Insert provider info here from Comprehensive List
Insert provider info here from Comprehensive List	Insert provider info here from Comprehensive List	Insert provider info here from Comprehensive List
Insert provider info here from Comprehensive List	Insert provider info here from Comprehensive List	Insert provider info here from Comprehensive List

PARENTS: Please confirm insurance coverage and cost with audiology facility prior to the appointment. If you do not receive a call to schedule within 5 days, please call the facility to schedule.

Follow up Appointment: ☐ Scheduled: Date _____ Time _____ ☐ Needs to be scheduled

Name: _____ DOB: _____ ☐ M ☐ F

Screening Facility: _____ Date of Screening: _____

CMV screen conducted? ☐ Yes ☐ No ☐ Unknown

Risk Factors for progressive hearing loss See back of flyer for risk factors.

Parent/Guardian Contact Information

Name: _____ Language Spoken at Home: _____

Address: _____

Phone #: _____ Email: _____

Alternate Contact: Name: _____ Alternate Phone #: _____

Primary Care Provider: Name: _____ Phone #: _____

Diagnosis: Suspected Hearing Loss **Diagnosis Code:** Z01.118 and/or Z01.110

Physician Authorizing Diagnostic Audiology Evaluation (A physician referral is required for diagnostic audiology evaluation)
This order is valid for six (6) months.

Physician Signature: _____

Printed Name: _____ Date: _____

Want more information? Contact us! Early Hearing Detection & Intervention Program
Indiana Department of Health www.Hearing.in.gov
phone: 317-232-0972

Risk Factors for progressive hearing loss

Documentation and Reporting of Risk Factors

Audiologists evaluating infants who do not pass the hearing screen should receive information about all risk factors. Please document any applicable risk factor listed below on the *front side* of the referral form so the audiologist is properly alerted.

Please note birthing facilities are only required to report the first four risk factors to the EHDl program on their monthly report.

Document these on referral form to audiologist **AND** report on MSR to EHDl:

1. Family history of permanent childhood hearing loss
2. Hyperbilirubinemia requiring exchange transfusion
3. Craniofacial malformations such as microtia/atresia, cleft lip and/or cleft palate, microphthalmia, congenital microcephaly, congenital or acquired hydrocephalus
4. In utero infections such as herpes, rubella, syphilis, zika and cytomegalovirus (CMV)

Document these on referral form to audiologist and PCP. Do not need to report on MSR to EHDl:

5. Neonatal intensive care for more than 5 days
6. Aminoglycoside administration for more than 5 days
7. Asphyxia or Hypoxic Ischemic Encephalopathy
8. Extracorporeal membrane oxygenation (ECMO)
9. Temporal bone abnormalities
10. Syndromes associated with hearing loss
11. Culture-positive infections associated with sensorineural hearing loss, including confirmed bacterial and viral (especially herpes viruses and varicella) meningitis or encephalitis
12. Events associated with hearing loss such as significant head trauma especially basal skull/temporal bone fractures
13. Chemotherapy
14. Caregiver concern regarding hearing, speech, language, developmental delay and/or developmental regression

NOTE: You do not need to fax this side of the referral form

7/2026



Resources for Hospitals—Website

www.hearing.in.gov

Hospital Resources

- *Newborn Hearing Screening Brochure Order Form
- *Regional Audiology Consultant List
- *Direct Audiology Referral Form: a form that hospitals can give to parents with customized audiology referral information
- *Outpatient screen form
- *Hospital Manual for Newborn Hearing Screening 2024
- *Comprehensive and Limited Audiology Provider Facilities
- *FAQ for parents regarding newborn hearing screening follow up

Resources for Hospitals—Website (cont.)

Newborn Screening Brochure Order Form: We provide two forms at no charge for hospitals to give to parents with screening results and information on next steps. Please submit the order form via fax or email. We will mail you as many copies as you request. See next slide for brochure details.

Hospital Manual: This manual outlines the responsibility of birthing hospitals for newborn hearing screening and specific follow-up procedures.

Comprehensive Audiology List: This is a list of approved audiology facilities that are equipped and experienced to provide diagnostic testing for infants. Not all audiology providers can test infants, therefore, it is very important that who do not pass hearing screenings are referred to providers on this list.

EHDI “After” NBS: What to Know”

Provide to ALL parents after final screening with results

Available in Arabic, Burmese, Chinese, French, German, Haitian Creole, Hakha Chin, Marshallese, Punjabi, Somali, Spanish and Swahili at www.hearing.in.gov

These will be provided by the newborn screening lab with Heelstick cards.

Public Health Genetics Newborn Screening What to Know After Your Baby Arrives



Every baby born in Indiana is required by state law to complete newborn screening. Babies with disorders may look and act like healthy newborns but may have a medical condition that could cause serious illness, developmental delay or even death.

Newborn screening is a set of three screens that identify more than 30 disorders. The three screens are completed at the birthing facility 24-48 hours after birth. Learn more about the screens below and scan the QR code for more information.



Dried Blood Spot (DBS) Screening

A dried blood spot (DBS) screen is a quick and simple blood test done through a heel stick. Small spots of blood are collected after birth by pricking the baby's heel and placing blood on special filter paper. This blood, called blood spots, is sent to the newborn screening laboratory where it is then tested for more than 30 rare, life-threatening genetic conditions. Your child's health care provider will give you the results when they are available. This is usually at the first well-child visit.

Critical Congenital Heart Disease (CCHD) Screening

Critical congenital heart disease (CCHD) screen is a quick, painless, and gentle test done through pulse oximetry to measure how much oxygen a baby has in their blood and how healthy a baby's heart and lungs are. CCHD is a broad term that refers to several different heart defects; seven different CCHDs can be detected by pulse oximetry screening. Each of these heart defects require treatment, often involving surgery, to correct them soon after birth. If a baby has CCHD and does not receive treatment shortly after birth, the baby has a higher chance of developing serious health outcomes, including death.

Hearing Screening

Your baby should have their hearing screened before leaving the hospital or by the time they are one month old. Your baby's hearing screen will show if your baby's hearing is normal or if they need more tests. It's quick, easy, and can be done while your baby is sleeping. Hearing loss can delay how your baby learns to speak and use language. In Indiana, a baby with hearing loss about every two days. If your baby does have hearing loss, there are services and resources that can help your child and family. Studies show that babies who are identified with hearing loss before they are 6 months old can learn and use language like other children.

The Importance of Choosing a Pediatrician

Choosing a doctor before your baby arrives can save you a lot of stress and ensure your little one gets the best care from the beginning. Be sure your birthing facility or birth provider has the name of your baby's doctor and their contact information. Your baby's newborn screening results will be shared with your baby's doctor. If your baby needs more care, your baby's doctor will contact you to discuss next steps.

Your Baby's Newborn Screening Results



Your baby _____ born _____
(name) (birthdate)
received the following screenings at _____
(hospital/clinic name)

Results of your baby's dried blood spot screening:

If everything looks OK, the results are sent to your baby's health care provider. **Ask for your baby's results at the first newborn visit!** If there might be a problem, the lab will call your baby's health care provider. Screening can only tell if your baby **might** have a health problem; we won't know for sure until your baby has more testing. Your baby's health care provider will talk to you about what needs to happen next. **See the "After Newborn Screening" handout for more information about dried blood spot consent and storage.**

Results of your baby's CCHD screening:

☐ **Pass** – Your baby didn't show signs of a low level of oxygen in the blood and is unlikely to have a CCHD but watch for any symptoms.

☐ **Did not pass** – Your baby showed low levels of oxygen in the blood and may have a possible CCHD. Refer to your doctor or cardiologist for next steps with diagnostic testing via an echocardiogram.

If the CCHD screen is passed, continue to watch for the following signs for any late onset CCHDs after leaving the hospital. **If you notice any of these symptoms, it's time to call your doctor.**

- Loss of healthy skin color
- Blueish tint to the lips
- Fast or troubled breathing
- Swelling or puffiness of the face, hands and feet
- Poor weight gain

Results of your baby's hearing screening:

Date: _____ Left ear: Pass Did not pass Right ear: Pass Did not pass

☐ **Pass:** Your baby likely has normal hearing.

☐ **Pass with risk factors:** Your baby should have hearing tested at 9-12 months of age by a pediatric audiologist due to the risk factor of: _____

☐ **Did not pass:** Your baby needs a follow-up hearing test.

Your baby is scheduled for an outpatient rescreening on _____

Your baby should receive a diagnostic hearing test by a pediatric audiologist within 3 months.

Audiologist Name/Location: _____

Phone: _____ List of pediatric audiologists: www.hearing.in.gov

**Newborn Screening
Early Hearing Detection & Intervention (EHDI) Program**

What if my baby needs more testing?



If your baby didn't pass their newborn hearing screening or has risk factors for progressive hearing loss, get more testing as soon as possible. Babies and parents start communicating right away through voice, touch, and expressions, so cherish these special moments together!

Why Does My Baby Need More Testing?

Did not pass initial screening: If your baby did not pass the newborn hearing screening, it could be due to temporary fluid in the ear, movement during the test, or actual hearing loss. To find out for sure, get more testing done by three months of age. Risk Factors: Even if your baby passed the initial test, certain risk factors could lead to hearing loss later. These include:

- o Family history of hearing loss
- o NICU stay over five days
- o Exposure to certain infections before birth
- o Lack of oxygen at birth
- o Jaundice that requires a blood transfusion
- o Exposure to certain medications
- o Different head, face, or ear shapes
- o Syndromes identified at birth

If any of these apply, or if you're concerned about your baby's hearing, get your baby's hearing tested between 9 -12 months.

What Will Happen Next?

1. Referral to an Audiologist: Your baby's birthing facility will refer you to an audiologist (a hearing expert). Make sure the audiologist is experienced with very young babies. You can also ask for a referral from your child's doctor.
2. Testing by an Audiologist: The audiologist will perform tests while your baby is asleep or resting. These tests are safe and painless. They will determine if your baby has:
 - o No hearing problems
 - o Temporary or treatable hearing loss (for which your baby will be referred for treatment)
 - o Permanent hearing loss (for which ongoing care will be needed)
3. Follow-up Care: If hearing loss is detected early and addressed promptly, your baby is more likely to develop communication skills similar to their peers. If needed, you'll be referred to medical specialists, First Steps early intervention and given parent support through programs like Guide by Your Side.

We're Here to Help:

Early Hearing Detection & Intervention Program (EHDI):

- Part of Indiana's Newborn Screening Program.
- For questions about your baby's hearing or for assistance, call 317-233-0886 / 317-233-0888 (Spanish) or visit www.hearing.in.gov

Ask Your Doctor:

- Contact your primary care provider for your baby's health and medical needs

First Steps Early Intervention System:

- Offers support for babies from birth to age three with developmental delay
- More information at www.in.gov/fssa/firststeps

For Questions regarding finding a physician, insurance or other family resources:

- Call 1-844-MCH-MOMS (1-844-624-6667) or visit www.momshelplineindia.org



Frequently asked questions

Are there different kinds of hearing loss? Yes. Some hearing loss from fluid or wax, can be treated medically. Permanent hearing loss typically requires amplification such as hearing aids. Your baby's audiologist will discuss available options.

If my baby seems to hear fine, do I still need testing? Yes. Mild or hearing loss in one ear can still cause speech and language delays, so it's crucial to have your baby tested.

Is it okay to wait to have my baby tested? No. Early detection is vital for speech and language development. Infants can be tested at any age. However, follow-up testing from newborn hearing screening should be completed before your baby is three months old for best outcomes. Testing for infants over 3 months may require sedation.



How many babies are born with hearing loss each year? In Indiana, about 2-3 out of every 1,000 babies are born with permanent hearing loss.

What does "refer" mean in the context of newborn hearing screening? It means your baby did not pass the hearing screening and needs additional testing to determine their hearing status. Follow-up testing should be done by three months of age.

What is an audiologist? An audiologist is a licensed professional with specialized training to test and diagnose hearing loss. Not all audiologists are equipped to test infants, so find one experienced in testing babies on our website.

If my baby reacts to loud sounds, does he/she still need testing? Yes. Different levels of hearing loss mean your baby might not hear softer or medium-level sounds. An audiology exam should be done by three months of age.

Is hearing loss and deafness common? Yes, hearing loss is one of the most common conditions detected at birth, affecting 1-3 babies per thousand. Early testing is important even without a family history of hearing loss.

If my baby can't talk yet, isn't it okay to wait to test? No. Babies begin listening from birth, and early detection of hearing loss is crucial for their speech and language development.

How can I pay for the hearing test if I don't have insurance? Medicaid and most private insurance plans cover these tests. Some providers offer free or sliding scale options. Check with the provider and consult our website for a list of available audiologists.

Will the test be accurate if my baby has fluid in their ears? Yes. Special tests can differentiate between hearing loss due to fluid and permanent loss. Repeat testing may be needed after the fluid resolves.

If my baby passed in one ear, does he/she still need testing? Yes. Hearing loss in one ear can affect speech, language, and learning. It's important to monitor and test both ears.

EHDI "referral brochure"

Also available in Spanish

Provide to parents of babies who do not pass hearing screen.

Direct audiology referral form

Provide to ALL parents with information about where to obtain diagnostic audiology test.

Please ask your regional audiology consultant to help customize this form with updated audiology locations in your area!

Direct Referral Form for Diagnostic Audiology Evaluation
Insert Hospital Name here!

Audiology Follow-up (Please circle the location the family chose for follow-up)

Insert provider info here from Comprehensive List	Insert provider info here from Comprehensive List	Insert provider info here from Comprehensive List
Insert provider info here from Comprehensive List	Insert provider info here from Comprehensive List	Insert provider info here from Comprehensive List
Insert provider info here from Comprehensive List	Insert provider info here from Comprehensive List	Insert provider info here from Comprehensive List

PARENTS: Please confirm insurance coverage and cost with audiology facility prior to the appointment. If you do not receive a call to schedule within 5 days, please call the facility to schedule.

Follow up Appointment: ☐ Scheduled: Date _____ Time _____ ☐ Needs to be scheduled

Name: _____ DOB: _____ ☐ M ☐ F

Screening Facility: _____ Date of Screening: _____

CMV screen conducted? ☐ Yes ☐ No ☐ Unknown

Risk Factors for progressive hearing loss See back of flyer for risk factors.

Parent/Guardian Contact Information

Name: _____ Language Spoken at Home: _____

Address: _____

Phone #: _____ Email: _____

Alternate Contact: Name: _____ Alternate Phone #: _____

Primary Care Provider: Name: _____ Phone #: _____

Diagnosis: Suspected Hearing Loss **Diagnosis Code:** 201.118 and/or 201.110

Physician Authorizing Diagnostic Audiology Evaluation (A physician referral is required. This order is valid for six (6) months.)

Physician Signature: _____

Printed Name: _____ Date: _____

Want more information? Contact us! Early Hearing Detection & Intervention Program
Indiana Department of Health

Risk Factors for progressive hearing loss

Documentation and Reporting of Risk Factors

Audiologists evaluating infants who do not pass the hearing screen should receive information about all risk factors. Please document any applicable risk factor listed below on the front side of the referral form so the audiologist is properly alerted.

Please note birthing facilities are only required to report the first four risk factors to the EHDl program on their monthly report.

Document these on referral form to audiologist AND report on MSR to EHDl:

1. Family history of permanent childhood hearing loss
2. Hyperbilirubinemia requiring exchange transfusion
3. Craniofacial malformations such as microtia/atresia, cleft lip and/or cleft palate, microphthalmia, congenital microcephaly, congenital or acquired hydrocephalus
4. In utero infections such as herpes, rubella, syphilis, zika and cytomegalovirus (CMV)

Document these on referral form to audiologist and PCP. Do not need to report on MSR to EHDl:

5. Neonatal intensive care for more than 5 days
6. Aminoglycoside administration for more than 5 days
7. Asphyxia or Hypoxic Ischemic Encephalopathy
8. Extracorporeal membrane oxygenation (ECMO)
9. Temporal bone abnormalities
10. Syndromes associated with hearing loss
11. Culture-positive infections associated with sensorineural hearing loss, including confirmed bacterial and viral (especially herpes viruses and varicella) meningitis or encephalitis
12. Events associated with hearing loss such as significant head trauma especially basal skull/temporal bone fractures
13. Chemotherapy
14. Caregiver concern regarding hearing, speech, language, developmental delay and/or developmental regression

NOTE: You do not need to fax this side of the referral form

7/2026

Monthly Reporting

Let's get started!



EARS Access

After completing the Access Indiana/Gateway Registration Instructions provided with training, this is where you will log into EARS for reporting. <https://gateway.in.gov/Gateway/SignIN.aspx>.



The screenshot shows the Indiana Department of Health State Health Gateway login page. At the top is the Indiana Department of Health logo and the text "INDIANA DEPARTMENT OF HEALTH STATE HEALTH GATEWAY". Below this is a navigation bar with "Login" and "Help" links. The main content area is divided into two columns. The left column contains an "IMPORTANT NOTICE" box with text about registering for an Access Indiana account, contact information for assistance, and a brief description of the gateway. The right column is titled "Secure Account Sign In" and contains three steps: "Step 1 - New User Register with Access Indiana" with a "Register to Access Indiana" button, "Step 2 - Request for Gateway or New Application Access" with a "Request Access" button, and "Step 3 - Registered users with Gateway and Access Indiana" with a "Sign in with Access Indiana" button.

IMPORTANT NOTICE:

To continue using the Gateway you must register for an Access Indiana account.

To register for your account, click the **Register with Access Indiana** button in the menu on the right. [Click here](#) for instructions on logging into the IDOH Gateway with Access Indiana.

For Access Indiana assistance, please call 1-866-960-3023 8:00 AM – 9:00 PM, M – F, 9:00 AM – 1:00 PM Sat.

Thank you for your cooperation,
IDOH

The Indiana Department of Health – State Health Gateway is a health portal dedicated to providing information and services to health care professionals, labs, local health departments, and Health Information Exchanges (HIE) in Indiana.

The State Health Gateway web portal is a comprehensive entry point for a huge array of resources and services. Our portal provides information and resources, news, research and statistics, online tools, discussions and newsletters pertaining to Indiana health and the delivery of health care information.

Secure Account Sign In

Step 1 - New User Register with Access Indiana.

>> Register to Access Indiana

Step 2 - Request for Gateway or New Application Access :

>> Request Access

Step 3 - Registered users with Gateway and Access Indiana :

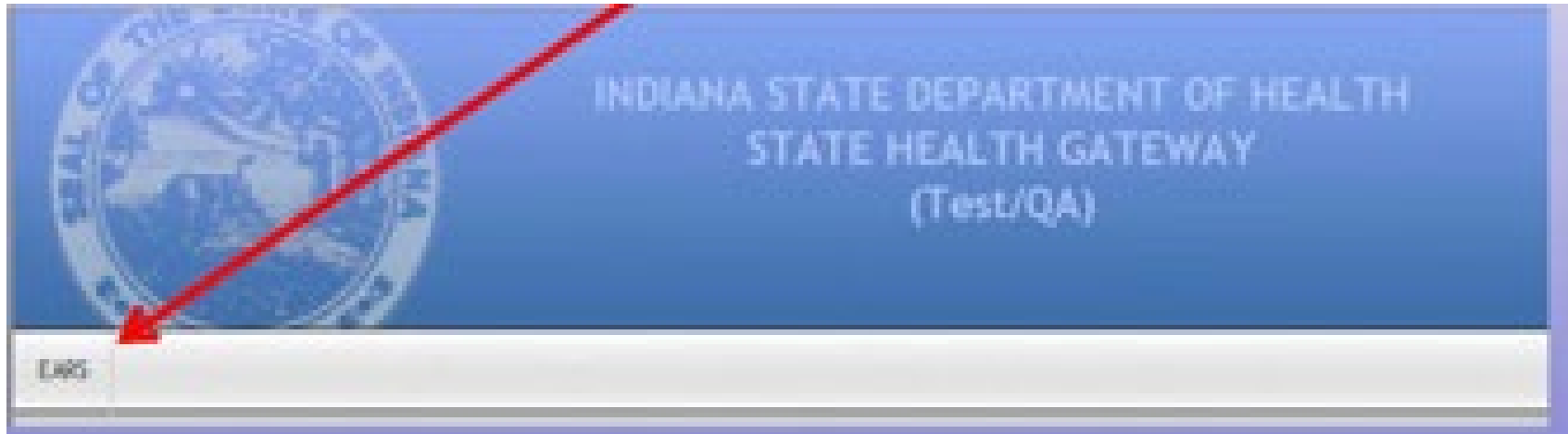
>> Sign in with Access Indiana

This site is organized and maintained by the Office of Technology & Compliance Division in collaboration with all program areas at the Indiana Department of Health. The use of this portal is restricted to health care professionals working in Indiana communities and organizations. Registration is required in order to access information or services available within this portal.

After completing Access Indiana Registration, **always** use Step 3 to sign into EARS

General Navigation

- Click on the EARS link.



- The user must enter a registration key when prompted the first time entering EARS.

General Navigation

EARS home page



General Navigation

Nearly all EARS screens are comprised of the same set of components. Following are the descriptions of the primary screen sections along with an image of each:

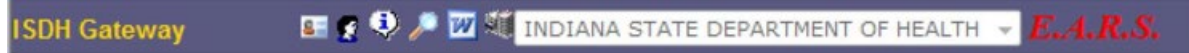
1. The screen header serves to remind users that they are using an EHDI application.



2. The Page Help Link is present on nearly every screen of the application. Click the  and receive a high-level overview of the page from which the request was made.

General Navigation

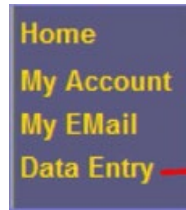
The toolbar consist of several tools:



1.  Click this link to open a new browser window and return to the main ISDH Gateway login screen.
2.  Click this link to open a new browser window to see a listing of all EHDI contacts. This will allow you to sort by organization name, contact name, phone number or email address.
3.  Click this link for user-specific information. This is helpful if multiple users at one facility use EARS. Due to HIPPA regulations, each user must have their own account.
4.  Click this link to provide feedback to the EARS application administrator.

General Navigation

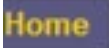
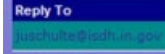
5.  Click this link to access the EARS User Guide.
6.  This is the Primary Organization assigned when registering. If an EARS user works at more than one location, use this drop-down list  to change from one organization to another.
7. The Navigation menu.



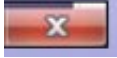
Click the **data entry** link to expand the screen to include MSR links.



General Navigation

8.  Click this link when working in EARS to be returned to the main, welcome page for EARS.
9.  Click this link to add a signature block to emails sent though EARS. Other features in the My Account section are for EHDI staff.
10.  Click this link to view messages sent within EARS from other EARS users. EARS email is secure. Use the following:
 - a)  To print an email sent though EARS.
 - b)  To delete an email from your screen.
 - c)  This number is the personal identification (PID) number used by IDOH.
 - d)  Click the email address to reply to the email.

General Navigation

11.  Click this link to be directed to the Centers for Disease Control and Prevention's EHDI website for information and educational materials.
12.  Click this link to log out of EARS. Users also can click  to log out of EARS.

Monthly Summary Reporting (MSR)

- MSRs are to be submitted by the 15th of the month for infants born the previous month.
- MSRs are used to report infants who are “exceptions”--see exception slides for more details.
- To complete the monthly report, you will need:
 - The number of infants born in your facility each month
 - Any infant who is an exception
 - Mother’s name, date of birth, phone and address
 - MRN, date & time of birth, birth order, sex
 - Screening results and date of screening
 - 4 Indiana mandated risk factors--see risk factor slide
 - Referral source for diagnostic audiology testing or outpatient rescreen date
 - Physician who will be seeing the infant after discharge
 - If CMV testing complete, then enter results
 - Primary language spoken in the home

Monthly Summary Reporting (MSR)

Infants who do not pass their newborn hearing screenings should be entered within 5 days of being discharged.

Please do not wait until you submit the report on the 15th.

Why timely reporting is crucial

Why must you document infants who do not pass within 5 days of screening?

- When an MSR enters an infant did not pass the hearing screen, an EHDI Parent Consultant is automatically alerted. The family will be contacted to confirm a follow-up appointment for diagnostic audiology testing has been scheduled; to answer any questions the parents have at that point as well as offer support.
- EHDI contacts the family, physician and audiology facility through phone calls, texts and letters several times until the infant receives a confirmatory diagnostic hearing test and/or the infant's first birthday.
- EHDI is committed to making sure every infant who does not pass their newborn hearing screening receives a diagnostic hearing test by 3 months of age. Infants over 3 months of age may need to be sedated for testing.
- Congenital hearing loss is considered a neurological developmental emergency, and evidence-based practices need to be followed as recommended by the American Academy of Pediatrics.

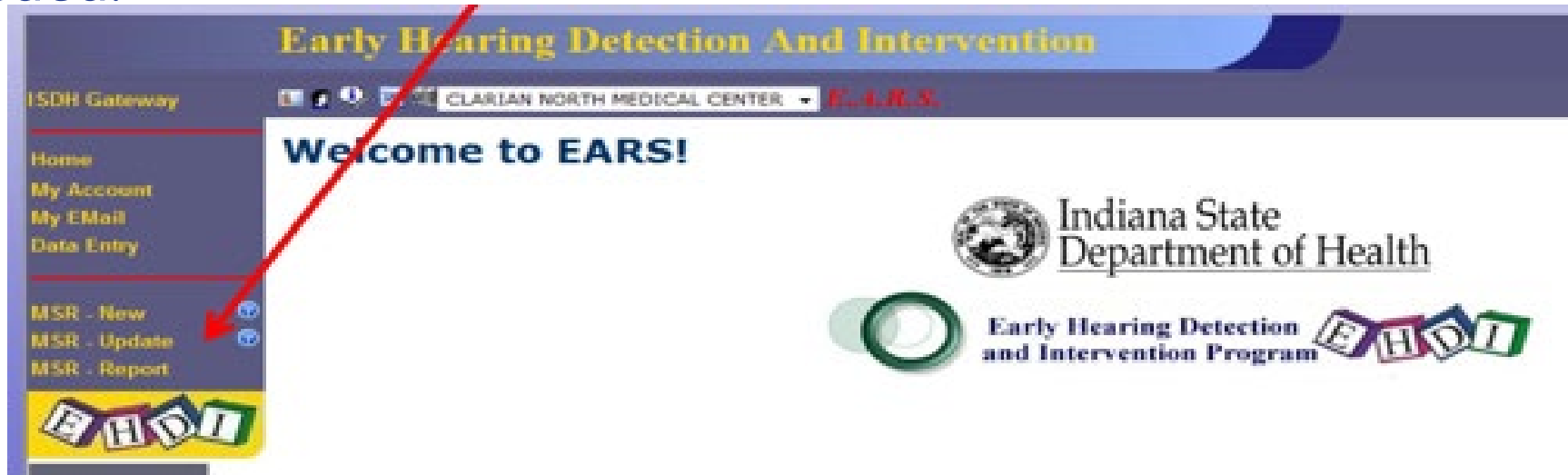
How to Get Started

Click the Data Entry link.



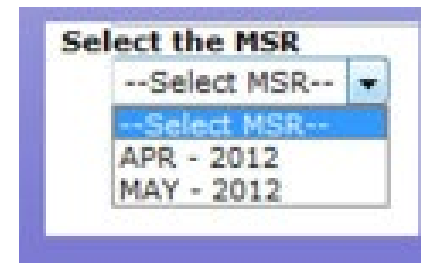
How to Get Started

- Click **MSR Update** to add more data to a previously opened MSR or to report a new exception. (most frequently used)
- Click **MSR Report** to print or save electronic copies of previous MSRs, if needed.



How to Get Started

- The hospital name will be automatically selected.
- If only one MSR is open, the MSR will be opened automatically.
- If two MSRs are open, select the appropriate MSR. **Infants must be reported in the month they are born.**
- Only 2 months of MSRs may be open at a time, and the months must be sequential.
- If you cannot see two options for MSR, please contact Julia Balbach or Lisa Wolfe.



How to Get Started

- Once the MSR month has been selected, data is loaded in the background.
- MSR has 5 “pages” displayed at the bottom of the page under the yellow line.
- Select the page in which data will be entered.
 - If you are entering an infant who did not pass, choose exceptions.
 - If you are completing a monthly report, you should start with holdovers first.

Go To: << Back | 1) Hold Overs | 2) Transfers In | 3) Exceptions | 4) Statistical Data | 5) Summary Data | Next >> | [HOME](#)

How To Get Started

You will primarily open an MSR for two reasons:

- 1) throughout the month to enter infants who do not pass as an exception within five days of discharge
- 2) to complete the month end report including all exceptions, and final birth count.

When doing the month end report, you will always start with the holdover page as the final report cannot be submitted without updating all infants on this holdover page.

However, training will start with the EXCEPTIONS tab as that is the page used throughout the month to enter infants who do not pass and other exceptions.

Click page 3 -- EXCEPTIONS

Go To: << Back | 1) Hold Overs | 2) Transfers In | 3) Exceptions | 4) Statistical Data | 5) Summary Data | Next >> | [HOME](#)

Exceptions—Code Information

- Once the Exceptions page loads, you can click the CODES link to display and remind you of codes.

UNHS EXCEPTIONS REPORTING

Use the most relevant of the UNHS Exception **CODES** to define why the child is listed on this page.
If the child was transferred in to or out from your facility be sure to indicate so (this may be in ADDITION to another reason code).

- The screen will change and codes will be displayed.

Use the most relevant of the UNHS Exception **CODES** to define why the child is listed on this page.
If the child was transferred in to or out from your facility be sure to indicate so (this may be in ADDITION to another reason code).

Not Screened Due To:				
1. Deceased/Terminal	2. Transferred Out	3. Hospital Error	4. NICU	5. Unauthorized Refusal
6. Religious Refusal	7. Equipment Failure	8. Initial Screen Next Month	9. Rescreen Next Month	

New Patient Intake:		Pass UNHSs (previously reported as not screened or transferred IN)		Did Not Pass UNHSs (complete Refer To section)	
10. Transferred IN	11. Passed	12. Passed At Risk	13. Did Not Pass	14. Did Not Pass At Risk	

Use the following values to define to whom the child was referred, check all that apply.

A. First Steps	B. Primary Care Physician	C. Audiologist	D. Ear, Nose & Throat Physician
----------------	---------------------------	----------------	---------------------------------

Exceptions: Who is NOT an EXCEPTION?

Infants who are screened during the month of their birth AND pass the hearing screening AND have NO risk factors are not reported in EARS --as no follow up is required for these babies.

Final newborn hearing screening results for these infants who pass with no risk factors are to be added to the heel stick card that is mailed to IU Lab.

If baby does not pass initial screen, only the rescreen results should be reported on the heelstick card.

Which Babies Are “Exceptions”?

- Infants who are considered “exceptions” can be entered into the MSR report at any time.
- An infant is considered an exception if: (see next slide for more details)
 - UNHS has not been completed for any reason.
 - UNHS has been completed but:
 - The infant did not pass hearing screening in either or both ears; or
 - The infant passed but has one of four risk factors associated with delayed onset hearing loss; or
 - The infant did not pass the hearing screening and also has one of four risk factors present.

Go To: << Back | 1) Hold Overs | 2) Transfers In | 3) Exceptions | 4) Statistical Data | 5) Summary Data | Next >> | [HOME](#)

Exceptions—Did Not Receive Hearing Screen

- 1—Deceased or terminal
- 2—Transferred out (to another facility); need to enter transfer location and date of transfer
- 3—Hospital Error (hospital must contact the family and have the baby return for screening as soon as possible)
- 4—NICU (remains in NICU when MSR is complete and has not been screened)
- 5—Unauthorized Refusal (declines screening—not religious objection)
- 6—Religious Waiver (hospital must fax waiver signed by parents to IDOH at 317-925-2888)
- 7—Equipment Failure (hospital must schedule for screening when equipment is functional)

Exception or Reason Code

- 8—Initial Screen Next Month (used if infant born at the end of the month has not been screened before the MSR is submitted)
- 9—Rescreen Next Month (used if infant has received one screen but needs to have the second screen next month)
- 10—Transferred in (from another facility)
- 11—Passed (if previously on “hold-over” page—to be discussed later)
- 12—Passed At Risk; passed hearing screen but has one of four conditions present:
 - Family history of permanent childhood hearing loss
 - Exposure to in-utero infection
 - Hyperbilirubinemia requiring exchange transfusion
 - Cranio-facial anomalies (if baby cannot be screened, the code is 14)
- 13—Did Not Pass (one or both ears)
- 14—Did Not Pass At Risk (did not pass one or both ears and has one of four risk factors present)

How to Enter an Exception

- Enter infant's MRN
- If the correct infant is found, some information will be pre-populated.
- If the correct infant is not found, a blank data screen will be displayed to be completed.

The screenshot shows a web-based data entry form for an exception. The form is organized into several sections with labels and input fields. At the top, there is a 'Medical Record #' field with the value '6579842' and a 'Search' button. Below this is a 'Reason Code' dropdown menu. The 'Facility Transfer' section contains three radio buttons: 'Out (code 2)', 'In (code 10)', and 'No Transfer' (which is selected). The 'Infant' section includes fields for 'K Number', 'Last Name', 'Middle Name', 'First Name', 'Birth Order' (a dropdown), 'Ambiguous' (a dropdown), 'DOB', and 'Time of Birth'. A checkbox labeled 'Previously Unreported Child' is also present. The 'Mother' section includes fields for 'Last Name', 'Middle Name', 'First Name', 'Phone' (with a format guide), 'Maiden Name', 'Mother DOB', 'Mother MRN', and 'Address' (with an 'Add' button). The 'Primary Care Physician' section has a dropdown menu. At the bottom, there is a 'Comments' text area and a 'Reset' button.

Medical Record #	6579842	Search
Reason Code		
Facility Transfer	☐ Out (code 2) ☐ In (code 10) ☒ No Transfer	
Infant: K Number		
Last Name	Middle Name	First Name
Ambiguous	DOB	Time of Birth
☐ Previously Unreported Child		
Mother: Last Name	Middle Name	First Name
Maiden Name	Mother DOB	Phone () -
Mother MRN	Address:	Add
Primary Care Physician		
Comments	Reset	

How to Enter an Exception—Code List

Click on the drop-down menu to find the correct exception code:

Medical Record # Search

Reason Code ?

Down Syndrome

Cleft Palate

Language Spoken

Outpatient Rescreen

Received CMV Screening

Facility Transfer

Last Name First Name Birth Order

DOB Time of Birth Please use 24-hour time

Enter Adopted parent Name, Address and Phone Number in comments section if checked)

Enter Foster parent Name, Address and Phone Number in comments section if checked)

Name First Name Phone () -

Mother: Last Name Maiden Name Mother MRN Mother DOB Address: Add

Primary Care Physician ? Search

Comments Reset

Show Last Entry Only ☐ ?

Save and Add New Exception

How to Enter an Exception

- When selecting the reason code, use the most relevant of the codes to define why the child is included.
 - Example: Infant was born in the current month but moved to NICU due to prematurity. It could be a code 8 (screen next month) or code 4 (NICU). Code 4 is the most relevant.
 - Two codes may need to be selected if a child is transferred.
Example: Infant transferred in (code 10) but was screened and did not pass (code 13) during the same month. Both codes (10 first and then 13) should be reported.

How to Enter an Exception

Tips on entering information on exceptions page:

- To add an address for the family, click the red “Add” link, add the information and then click the green “+” button.
- If you do not know the first name of the child because parents have not decided, enter 99 in the first name box.
- The **Previously Unreported Child** box can be used if a child was born in a previous month and was not entered on a previous MSR.
- If the family does not have a phone, enter 999-999-9999.
- If an attempt to save an exception has missing information, red error messages will display just below the Save and Add New Exception link.

How to Enter an Exception

Tips on entering exceptions...

- Long-term holdovers -- more than 3 months. Please reach out to the receiving hospital or to Indiana EHDI to help find the screening information so you can update that entry.
- Primary Care Physician is the physician who will care for the infant after hospital discharge -- not the attending physician or hospitalist. If the family does not know who that will be, please select listed "Unknown". **This should be a last resort; it is very important to enter the correct PCP as we send letters to them immediately for infants who need timely follow-up.**
- NICU Infants: **Do not report** "did not pass" until infant is being discharged:
 - *Why? EHDI contacts the family immediately after receiving the "did not pass" alert, and we do not want to contact parents if the infant is still in the NICU.

How to Enter an Exception—Transfer Out

The codes for transfer in and out are not in the drop-down screen for codes.

Medical Record # [Search](#)

Reason Code [?](#) Leave reason code blank for transferred infants

Down Syndrome ☐

Cleft Palate ☐

Language Spoken

Outpatient Rescreen ☐

Received CMV Screening ☐

Facility Transfer ☐ Out (code 2) ☐ In (code 10) ☒ No Transfer Transfer Entry

Last Name Middle Name First Name Birth Order
 Please use 24-hour time

Adopted ☐ (Enter Adopted parent Name, Address and Phone Number in comments section if checked)

Foster Care ☐ (Enter Foster parent Name, Address and Phone Number in comments section if checked)

[?](#) Previously Unreported Child ☐

Mother:

Last Name Middle Name First Name Phone () - [↶](#)

Maiden Name Mother DOB

Mother MRN Address: [Add](#)

Primary Care Physician [?](#) [Search](#)

Comments [Reset](#)

Show Last Entry Only ☐ [?](#) [Save and Add New Exception](#)

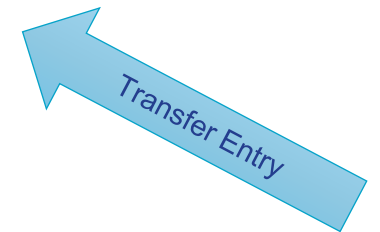


How to Enter an Exception—Transfer Out

If an infant is born in your hospital but transferred out, please enter the infant as an exception as code 2. The infant will stay on your holdover page. Enter the date and name of the receiving hospital. After entering the transfer information, the green + must be clicked to add the transfer.

Facility Transfer ☒ Out (code 2) ☐ In (code 10) ☐ No Transfer Date 

Direction	Location	Date	
Out To	ADAMS MEMORIAL HOSPITAL	05/15/2012	X



How to Enter an Exception—Transfer Out

- The next month the infant will be highlighted in yellow on your holdover page. If the receiving hospital has screened the infant and reported results in EARS, the line will be highlighted and screening results will be red. The screening results and date should prepopulate into the line. If a screening has not been done, enter code 4 for NICU on the holdover page; it will continue to the next month.
- If the infant stays on your holdover page for more than 3 months, please contact the receiving hospital MSR to see if infant has been screened. If unsuccessful, please contact us to help you find that information so you can enter the screening data.

2072641	Rabbits, Chase	Male	5/21/2010	1	9		☐ Out (code 2) ☐ In (code 10)	Trans. Date	
Select Facility									
2081156	Walling, Dry	Male	7/3/2010	1	4		☐ Out (code 2) ☐ In (code 10)	Trans. Date	
Select Facility									
DUNN MEMORIAL HOSPITAL has reported: Code = 4(NICU) Screened = N/A Refer to = N/A									
Transfer History									

Do not enter a transfer code in or out (2 or 10) for more than one month. Infant should be updated to code 4 until screening information is entered.

How to Enter an Exception—Transfer In

- **IMPORTANT all infants transferred in MUST be reported on your MSR.**
- If an infant is transferred into your hospital, please enter on the exceptions page as a transfer in -- code 10 in the transfer area. The infant will show up on your holdover page during subsequent months until screening results added.
 - If infant is screened the same month as transfer, enter screening results on the exceptions page entry. This will show a transfer in AND a screening result.
 - Enter screening results and date on the holdover page when completed. These results will show up on the transferring hospital's MSR so they can update the infant on their report as well. Communication between both hospitals is important.
- **Do not enter a transfer code in or out (2 or 10) for more than one month.**
 - *Infants should be a *code 4 each subsequent month* after transfer until the screening information is entered.

How to Enter an Exception—Did Not Pass

- Infants who do not pass the hearing screening should be entered within 5 days of the screening in the report of the month they were born.
- When code 13 is entered and saved, the screen will change and additional information will be requested, including:
 - Screening date and ear-specific results (right and left).
 - If there are specific conditions present such as atresia/microtia (abnormal ear development that prevents hearing screening from being completed), Down syndrome or cleft lip/palate. If one ear cannot be screened, screen the unaffected ear as that helps the audiologist who will be testing the child prioritize testing and provide appropriate recommendations.



Reason Code	13 Did Not Pass
Down Syndrome	☐
Cleft Palate	☐
Date Screened	02/02/2026
Language Spoken	--Select--
Outpatient Rescreen	☐
Received CMV Screening	☐
Left Ear	Refer ☐ Microtia/Atresia
Right Ear	Refer ☐ Microtia/Atresia
Audiology Referral Location	--Select--

How to Enter an Exception—Referral Information

When an infant does not pass their hearing screening:

- The hospital is responsible for referring the infant for diagnostic audiology testing. Parents should be provided a list of available providers in their area from which to choose.
- Infant should be referred to an approved audiology facility from the comprehensive list on www.hearing.in.gov.
- If an appt. cannot be scheduled for the infant directly, fax the referral to the chosen audiologist. Provide the name, address and phone number of the audiology facility to the family and the PCP. Be sure to enter the name of the referral location into EARS, as indicated below.
- ***This is a required field.*** EHDI needs the name of the audiology provider when we contact the family to make sure the infant obtains testing.



Reason Code	13 Did Not Pass
Down Syndrome	☐
Cleft Palate	☐
Date Screened	02/02/2026
Language Spoken	--Select--
Outpatient Rescreen	☐
Received CMV Screening	☐
Left Ear	Refer ☐ Microtia/Atresia
Right Ear	Refer ☐ Microtia/Atresia
Audiology Referral Location	--Select--

How to Enter an Exception—DNP with Risk Factors

- If an infant does not pass a hearing screening and has a risk factor for progressive hearing loss (see risk factor slide), enter code 14.
- If 14, indicate in the report which risk factor(s) is present. Indiana EHDI is currently requiring that four risk factors be reported (see below).

Medical Record # Search

Reason Code ⓘ

Down Syndrome ☐

Cleft Palate ☐

Date Screened

Language Spoken

Received CMV Screening ☐

Left Ear ☐ Microtia/Atresia ⓘ

Right Ear ☐ Microtia/Atresia

Audiology Referral Location

Risk Factors (Check all that Apply)

☐ Family History of Permanent Childhood Hearing Loss	☐ Hyperbilirubinemia requiring exchange transfusion	☐ In utero infection
☐ Craniofacial Anomalies		

See more details about risk factors for progressive hearing loss on next slides.

Risk Factors for Progressive Hearing Loss

Babies who pass the newborn hearing screening but have risk factors associated with late onset hearing loss need further hearing testing during the first year of life and through early childhood. **Indiana's UNHS Policy Manual outlines four specific risk factors that require reporting from birthing hospitals to EHDI and the Indiana Department of Health.** (details of specific risk factors can be found on the next 4 slides)

Other risk factors for hearing loss in infants exist. *These do not require reporting to the state* but should be routinely investigated by the infant's primary care physician and therefore the PCP should be alerted. These factors include:

- Syndromes that are commonly associated with hearing loss (Pendred, Waardenburg, Ushers)
- All infants requiring neonatal intensive care for greater than 5 days, including any of the following: ECMO, assisted ventilation, exposure to ototoxic medications (aminoglycosides such as gentamycin and tobramycin) or loop diuretics (furosemide/Lasix).
- Parental/ Caregiver Concern regarding hearing, speech, and language development

Risk Factors for Progressive Hearing Loss

#1 Family History of Congenital Childhood Hearing Loss

- Family members includes parents, siblings, grandparents, uncle/aunt, or cousins
- Family members born with hearing loss in one or both ears **or** identified in early childhood
- Does not include family members with known causes of hearing loss due to ear infections, ear surgeries, rubella, meningitis, loud noise exposure and/or head trauma

Risk Factors for Progressive Hearing Loss

#2 In-utero Infection (TORCH) for this pregnancy

- Toxoplasmosis, Rubella or Syphilis – infected during or just before pregnancy
- Group Beta Strep (GBS) – sick infant with positive GBS culture
- Cytomegalovirus (CMV) – can be transmitted through the placenta, birth canal or postnatally by breast
- Zika
- Herpes Simplex Virus (HSV) –
 - o **Yes: IF** baby is diagnosed with neonatal herpes; or active infection during vaginal delivery; or active infection during cesarean delivery with a premature membrane
 - o **No: IF** mother had a cesarean delivery with no membrane rupture; no active infection was present at birth

Risk Factors for Progressive Hearing Loss

#3 Hyperbilirubinemia (Jaundice)

- At levels requiring exchange transfusion.

#4 Craniofacial Anomalies

- Cleft lip/palate
- Down Syndrome
- Microcephaly – smaller than expected head size.
- Atresia/Microtia – abnormally developed outer
- Other malformations of face, head or skull.

How to Enter an Exception—Passed at Risk

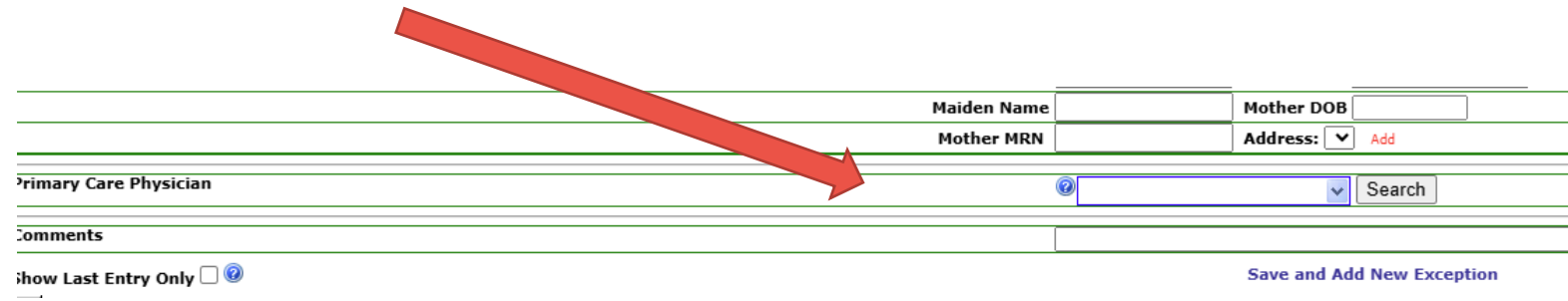
Passed at Risk Results (Code 12)

- Enter exception into EARS.
- Hospital staff should explain to parents which risk factor is present and that follow-up evaluation should be completed at 9-12 months of age.
- Hospital should report all risk factors to the PCP for ongoing follow-up.
- 4 risk factors are required to be reported into EARS:
 - Family history of childhood hearing loss
 - Hyperbilirubinemia (requiring blood transfusion)
 - Craniofacial anomalies (please use comments for details)
 - Inter-uterine infections-CMV, rubella, syphilis, herpes, Group B strep

EHDI will send a letter to parents and physicians immediately after birth and another letter to the family when the infant is 7 months of age as a reminder to have the infant's hearing tested between 9 and 12 months of age.

How to Enter an Exception—Physician

- There is a search box for the Primary Care Physician.



The screenshot shows a web form for entering an exception. A large red arrow points to the search box for the Primary Care Physician. The form includes fields for Maiden Name, Mother MRN, Mother DOB, and Address. Below these is a section for the Primary Care Physician with a search box and a 'Search' button. At the bottom, there is a 'Show Last Entry Only' checkbox and a 'Save and Add New Exception' button.

Maiden Name		Mother DOB	
Mother MRN		Address: Add	
Primary Care Physician		? Search	
Comments			
Show Last Entry Only ☐ ?		Save and Add New Exception	

- Please search for the physician by typing in the last name, press return or the search button.
- Please make sure you take time to scroll down on the right arrow to the entire (it's not always in alphabetical order) physician list to find the appropriate doctor.

The COMMENTS section!

Indiana EHDI will be calling families to help facilitate follow-up appointments shortly after discharge.

What do you know that we need to know?

Examples of what to share in the comment section:

- Is the infant being discharged to hospice?
- Is the infant medically complex?
- Is the family moving?
- Is the infant going home with another family member such as grandparents?
- Foster/Adopted family name, address and phone?

Adoption or Foster Family

If infant is being adopted or being placed with a foster family, enter the name, phone and address of the foster/adoptive family in the Comments box. Biological mother must be entered in the Mother field.

Why? EHDI sends letters for follow-up, and we want to contact the correct family for that infant. Our information is populated from birth certificate data, so we need the foster/adoptive family's name, phone and address in the Comments so we do not send letters to the biological mother.

Transfer

☐ Out (code 2)
 ☐ In (code 10)
 ☒ No Transfer

Last Name
Middle Name
First Name
Birth Order

Ambiguous ☐
 DOB
 Time of Birth
 Please use 24-hour time

Adopted ☐ (Enter Adopted parent Name, Address and Phone Number in comments section if checked)
 Foster Care ☐ (Enter Foster parent Name, Address and Phone Number in comments section if checked)

☒ Previously Unreported Child

BP:

Last Name
Middle Name
First Name
Phone () () ()

Maiden Name
Mother DOB

Mother MRN
Address: Add

Primary Care Physician

☒ Search

Comments

Last Entry Only ☐

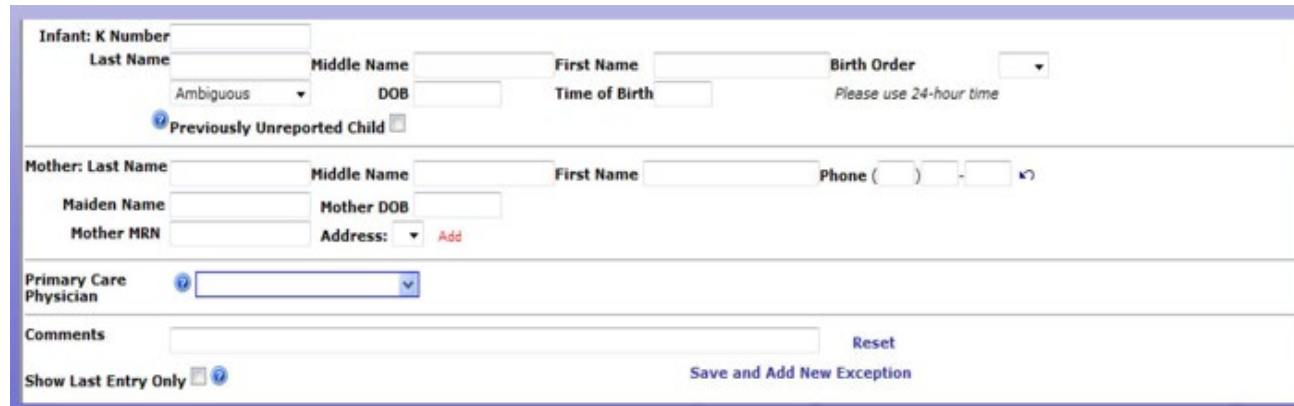
Save and Add New Exception

Foster family information here

Biological mother should be entered here.

How to Enter an Exception—Save and Update

- Complete the remaining data fields, and then click Save and Add New Exception.
- Additional information about the data field can be found in the EARS User Guide.



The screenshot shows a web form for entering an exception. The form is divided into several sections:
1. **Infant Information:** Includes fields for 'Infant: K Number', 'Last Name', 'Middle Name', 'First Name', 'Birth Order' (a dropdown menu), 'Ambiguous' (a dropdown menu), 'DOB', 'Time of Birth', and a checkbox for 'Previously Unreported Child'.
2. **Mother Information:** Includes fields for 'Mother: Last Name', 'Middle Name', 'First Name', 'Phone' (with area and number fields), 'Maiden Name', 'Mother DOB', 'Mother MRN', and an 'Address' field with an 'Add' button.
3. **Primary Care Physician:** A dropdown menu with a search icon.
4. **Comments:** A text area with a 'Reset' button.
5. **Footer:** Includes a 'Show Last Entry Only' checkbox and a 'Save and Add New Exception' button.
A red arrow points from the bottom of the form towards the 'Save and Add New Exception' button.

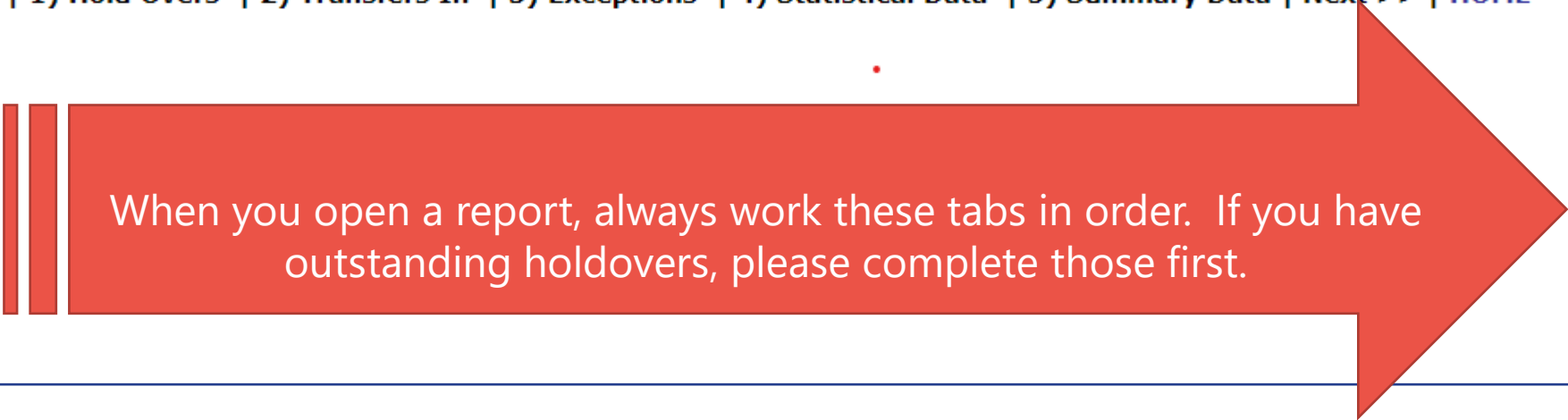
How to Enter an Exception—Exceptions Page

- An exception has been successfully added when that infant appears in the table at the bottom of the screen.
- Column headings in the table can be clicked on to sort data if needed for searching purposes (i.e. click infant name column to put in alphabetical order)
- Data can be edited for each child by clicking the pencil icon. Once changes are made, click the “Update” link at the bottom.
- If an exception has missing information, the entry will not process and red error messages will display below the Save and Add New Exception link (see examples below).

How to Complete Your Monthly Report

- Monthly reports should be completed by the 15th of the following month.
- Once the MSR (month) has been selected, data is loaded in the background.
- MSR has 5 “pages” that are displayed at the bottom of the page under the yellow line.
- If you are completing a monthly report, you should start with holdovers first.

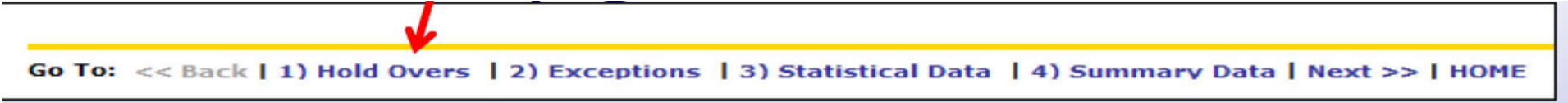
Go To: << Back | 1) Hold Overs | 2) Transfers In | 3) Exceptions | 4) Statistical Data | 5) Summary Data | Next >> | [HOME](#)



When you open a report, always work these tabs in order. If you have outstanding holdovers, please complete those first.

Holdovers

- Click page 1 below the yellow line to get to the Hold Over page.

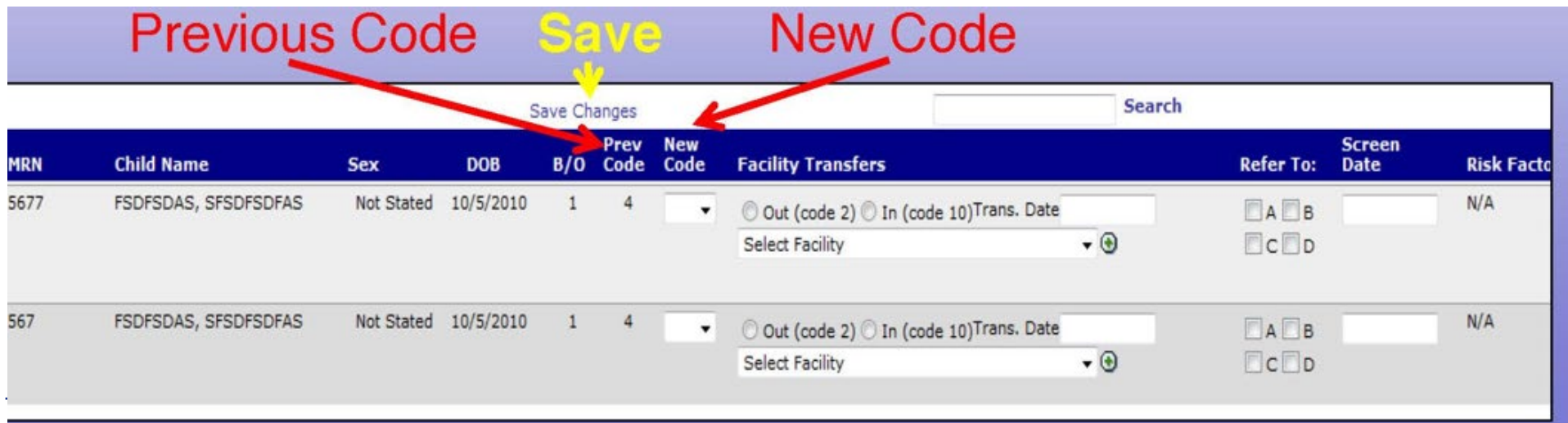


Go To: << Back | 1) Hold Overs | 2) Exceptions | 3) Statistical Data | 4) Summary Data | Next >> | HOME

- What is a holdover?
 - An infant who was not screened the previous month:
 - Transferred out or in (Codes 2 and 10)
 - NICU (Code 4)
 - Initial or Rescreen Next Month (Codes 8 and 9)

Holdovers

- Each month updates on all holdovers must be processed to complete and submit the monthly report.
- Holdovers will remain on the MSR each month until a screening result is provided.
- The previous month's code will be displayed.
- The new code (and additional information if appropriate) must be entered and then saved.



The screenshot shows a web form for managing holdovers. At the top, there are three red annotations: 'Previous Code' with an arrow pointing to the 'Prev Code' column, 'Save' with a yellow arrow pointing to the 'Save Changes' button, and 'New Code' with an arrow pointing to the 'New Code' column. The form contains a table with the following columns: MRN, Child Name, Sex, DOB, B/O, Prev Code, New Code, Facility Transfers, Refer To, Screen Date, and Risk Factor. There are two rows of data, both for 'FSDFSFSDAS, SFSDFSDFAS' with 'Not Stated' sex and '10/5/2010' DOB. The first row has '5677' as the MRN and '1' as the B/O. The second row has '567' as the MRN and '1' as the B/O. Both rows show '4' in the 'Prev Code' column and a dropdown menu in the 'New Code' column. The 'Facility Transfers' section includes radio buttons for 'Out (code 2)' and 'In (code 10)', a 'Trans. Date' field, and a 'Select Facility' dropdown. The 'Refer To' section has checkboxes for 'A', 'B', 'C', and 'D'. The 'Screen Date' field is empty, and the 'Risk Factor' is 'N/A'.

MRN	Child Name	Sex	DOB	B/O	Prev Code	New Code	Facility Transfers	Refer To	Screen Date	Risk Factor
5677	FSDFSFSDAS, SFSDFSDFAS	Not Stated	10/5/2010	1	4		☐ Out (code 2) ☐ In (code 10) Trans. Date Select Facility	☐ A ☐ B ☐ C ☐ D		N/A
567	FSDFSFSDAS, SFSDFSDFAS	Not Stated	10/5/2010	1	4		☐ Out (code 2) ☐ In (code 10) Trans. Date Select Facility	☐ A ☐ B ☐ C ☐ D		N/A

Holdovers—Transfers

- If a child is transferred, both facilities must enter the child into their MSR.
- Information will be shared between the facilities. Lines highlighted in yellow indicate data shared between hospitals. If the other facility has reported a screening result, the results will be prepopulated into the relevant fields and will process when you click Save.
- **Please be aware that a code prepopulated in the yellow highlighted entry may need to be updated by your facility.** *Before saving changes on any other infant on the holdovers page, confirm all codes in yellow are correct prior to selecting "Save Changes" at the top of the page—as all entries with a code will process to exceptions when "Save Changes" is clicked.*
- If there is no screening information from receiving hospital (as below), enter a "4" for NICU until the next month.

2072641	Rabbits, Chase	Male	5/21/2010	1	9		☐ Out (code 2) ☐ In (code 10)	Trans. Date	
Select Facility									
2081156	Walling, Dry	Male	7/3/2010	1	4		☐ Out (code 2) ☐ In (code 10)	Trans. Date	
Select Facility									
DUNN MEMORIAL HOSPITAL has reported: Code = 4(NICU) Screened = N/A Refer to = N/A									
Transfer History									

Statistical Data

- After holdovers have been processed and all exceptions entered for babies born in that month, go to 3) Statistical Data.

Go To: << Back | 1) Hold Overs | 2) Exceptions | **3) Statistical Data** | 4) Summary Data | Next >> | HOME

- Enter the appropriate data on lines 1, 2 and 3. You must start with the number of live births that month.

Statistical Data

After setting the new codes for Hold Over children from the previous reporting period and after entering information on the Exception Reporting From for this reporting period, please respond to the following four questions.

100	1. Total Number of Live Births in your facility during the data month/year indicated.
0	2. Total Number of Home Births receiving UNHS at your facility during data month/year indicated.
0	3. Total Number of Walk-ins (not including Home Births) receiving Newborn Hearing Screening at your facility during data month/year indicated.
100	4. Subtotal of lines 1 + 2 + 3.
98	5. Total number of children on line 4 who passed the UNHS screen and had no risk factors. ?

- Before exiting this page, click the pencil icon next to line 5 to calculate.

Summary Data Page

- Numbers on this page are calculated automatically after the statistical analysis page is completed.

Go To: << Back | 1) Hold Overs | 2) Transfers In | 3) Exceptions | 4) Statistical Data | 5) Summary Data | Next >> | HOME

- The top section describes the **possible** screenings, and the bottom section describes the **actual** screenings based on the data provided on the previous pages.
- The totals on line 9 in the top section and line 6 in the bottom section must be equal in order for your report to be considered reconciled and for the MSR to be submitted (see next slide).
- When all data has been entered for the given month and the summary data page adds correctly, the following sentence will be displayed: "Click submit data now."

Submitting a Report

MONTHLY SUMMARY REPORTING JUN - 2020



DATA CONFIRMATION AND SUBMISSION
You have not set the New Code for one or more of the Hold Overs from previous MSR.
You cannot submit an MSR before the first of the month following the reporting period.
The number of possible screens does not match the actual screens completed.



Possible Screenings (your facility should have conducted during this reporting period based on reported and calculated values).

1.	Number of Live Births in your facility.	0
2.	+ Number of Home Births receiving Universal Newborn Hearing Screening at your facility.	0
3.	+ Number of Walk-ins (not including Home Births) receiving UNHS at your facility.	0
4.	+ Number of Hold-Overs processed from last reporting period.	8
5.	+ Number of unscreened children Transferred In (to your facility, from another facility) plus the number of Previously Unreported Children (PUC).	1
6.	Sub total: Possible Universal Newborn Hearing Screenings.	9
7.	- Number of children reported this reporting period that should be screened next reporting period.	0
8.	- Number of children not screened (eg. Death, Hospital Error, Equipment Failure, Unauthorized Refusal, Religious Refusal)	0
9.	TOTAL: Possible Universal Newborn Hearing Screenings	9

Actual Screenings.

1.	Total number of children included in lines 1, 2, and 3 above who passed the UNHS screen and had no risk factors.	0
2.	+ Number of children reported this reporting period that PASSED UNHS.	8
3.	+ Number of children reported this reporting period that PASSED UNHS and have Risk Factors for delayed onset hearing loss.	0
4.	+ Number of children reported this reporting period that Did NOT PASS UNHS.	4
5.	+ Number of children reported this reporting period that Did NOT PASS UNHS and have Risk Factors for delayed onset hearing loss.	0
6.	TOTAL Universal Newborn Hearing Screenings reported this reporting period.	12

If you will be making additional updates to this MSR, submit the data LATER
If this information is incomplete or inaccurate, please REVIEW and CORRECT the entered data.

Go To: << Back | 1) Hold Overs | 2) Transfers In | 3) Exceptions | 4) Statistical Data | 5) Summary Data | Next >> | HOME

Line 9 and line 6 must be the same.
Messages in red at the top will alert you to possible reasons for discrepancies

Summary Data Page—Helpful Hints

If lines 6 and 9 on your Summary Data Page are not equal, you should:

- Check to ensure all holdovers have been updated on your holdovers page.
- Recalculate the statistical data page by clicking the pencil next to line 5.
- Check to see if a baby shows up twice on your exceptions page. If a duplicate record exists, click the “X” at the end of BOTH entries. This will return the baby to the Holdover page:
 - Update the status again on the holdover page with the correct code.
 - Contact Julia Balbach (jbalbach@health.in.gov) or Lisa Wolfe (lwolfe@health.in.gov) if you cannot resolve the issues.

Submitting a Report

MONTHLY SUMMARY REPORTING FEB - 2021	
DATA CONFIRMATION AND SUBMISSION	
Possible Screenings (your facility should have conducted during this reporting period based on reported and calculated values).	
1. Number of Live Births in your facility.	166
2. + Number of Home Births receiving Universal Newborn Hearing Screening at your facility.	1
3. + Number of Walk-ins (not including Home Births) receiving UNHS at your facility.	0
4. + Number of Hold-Overs processed from last reporting period.	22
5. + Number of unscreened children Transferred In (to your facility, from another facility) plus the number of Previously Unreported Children (PUC).	4
6. Sub total: Possible Universal Newborn Hearing Screenings.	193
7. - Number of children reported this reporting period that should be screened next reporting period.	15
8. - Number of children not screened (eg. Death, Hospital Error, Equipment Failure, Unauthorized Refusal, Religious Refusal)	0
9. TOTAL: Possible Universal Newborn Hearing Screenings	178
Actual Screenings.	
1. Total number of children included in lines 1, 2, and 3 above who passed the UNHS screen and had no risk factors.	150
2. + Number of children reported this reporting period that PASSED UNHS.	19
3. + Number of children reported this reporting period that PASSED UNHS and have Risk Factors for delayed onset hearing loss.	4
4. + Number of children reported this reporting period that Did NOT PASS UNHS.	5
5. + Number of children reported this reporting period that Did NOT PASS UNHS and have Risk Factors for delayed onset hearing loss.	0
6. TOTAL Universal Newborn Hearing Screenings reported this reporting period.	178
If you will be making additional updates to this MSR, submit the data LATER	
If this information is incomplete or inaccurate, please REVIEW and CORRECT the entered data.	
If ALL of the data for the reporting period has been correctly entered, please SUBMIT the data now.	
Please Do Not click the Submit button until all of the data has been entered for the reporting period.	
No additional updates may be made without special administrative approval after the MSR has been submitted.	

Go To: << Back | 1) Hold Overs | 2) Transfers In | 3) Exceptions | 4) Statistical Data | 5) Summary Data | Next >> | HOME

When your numbers are correct,
you will be able to submit your
report by clicking here.

EHDI Process—What Happens Next?

Birthing hospital completes hearing screening

Did not pass/Refers

- Hospital reports to EHDI and refers infant directly to diagnostic audiology facility or for an outpatient rescreen depending on your hospital's protocols.
- EHDI is alerted and our staff contacts families to make sure a follow-up appointment is scheduled and maintained.
- Letters are sent to PCP and family for one year to make sure infant receives diagnostic testing.

Pass with Risk Factors: Letters are sent to family and PCP immediately after birth with recommendation for infant to receive hearing test in 9-12 months.

Quality Indicators for UNHS



Screening rate: 95% of babies born in your hospital should receive a newborn hearing screen.

Refer rate: How many babies DNP/live births
Goal = 1-4%

Pass with risk factors: Approximately 10/500 births

Reporting on time: 100% (12/12 months)

Complete the MSR report by the 15th of the following month

Did not pass exceptions must be entered within 5 days!

Quality Assurance Measures

Indiana EHDI completes several quality assurance measures throughout the year to find infants who may have missed receiving a hearing screening or who were not reported to EHDI. The two measures are called the **Data Audit Tool** and **Conflicting Heelstick report**.

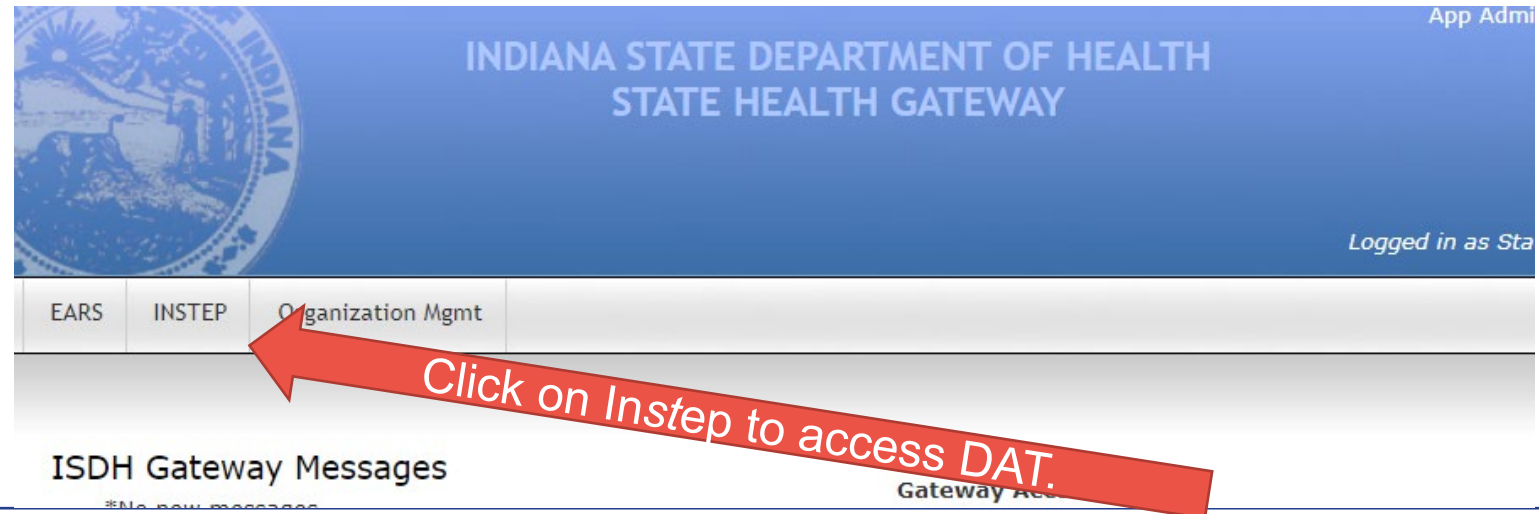
You will receive requests from us periodically for the following reasons:

- The Data Audit Tool is run monthly. You will receive an email from EHDI alerting you of the list of infants with no hearing screen information on the heelstick card. The Data Audit Tool is entered in Instep (Gateway), and access will be provided to you when you enroll in EARS.
- The Conflicting Heelstick report is sent to you via fax or secure email with a list of infants who have hearing screening results different from what was reported on the heelstick card copy sent to the lab. We will request that you review the results of those infants in their medical record and return the accurate screening results to us via fax or secure email.

Data Audit Tool (DAT) Access

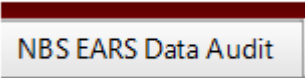
The Early Hearing Detection and Intervention Program is responsible for obtaining newborn hearing screening data on every infant born in Indiana; therefore, we need your help to enter the information for the infants listed in the DAT.

To complete the DAT, we have given you access to this report in Instep, which should be an option for you when you log into your Gateway account to access EARS. If you do not have this access, please contact Lisa Wolfe or 317-232-0886.



Data Audit Tool (DAT) Entry

Once you are in Instep, click on the NBS EARS Data Audit tab.



Your hospital will be preselected and a list of infants without newborn hearing screening information will be shown. By default, Unaudited will be selected. Click Edit for each infant, and a window will open where you can enter the missing newborn hearing screening information.

Select Organization and Status

Organization :

Status : ☒ Unaudited (1) ☐ Unaudited Personal (0) ☐ Unaudited Screening (1) ☐ Unaudited Completed (0) ☐ Audited (0) ☐ All (1)

☐ Filter by DOB

NBS Audit Data

Audit Selected Kids

Refresh

☐ IsAudited	ORGANIZATION	PID	MRN	LAST	FIRST	DOB	Time Of Birth	DATE LEFT EAR	RESULT LEFT EAR	DATE RIGHT EAR	RESULT RIGHT EAR	NOTES	Edit
☐													

Page size: 45

Data Audit Tool (DAT)

☐ IsAudited

ORGANIZATION	PID	MRN	LAST	FIRST	DOB	Time Of Birth	DATE LEFT EAR	RESULT1 LEFT EAR	DATE RIGHT EAR	RESULT1 RIGHT EAR	NOTES
☐	☐										Edit

Update Audit record

PID

MRN

Date Left

Date Right

Is Audited?

First Name

DOB

Result Left

Result Right

Last Name

Time Of Birth

Notes :

Update Record

Cancel update

1

Page size: 45

After entering the information, click the box next to **Is Audited?** Then click **Update Record** to finalize this infant. Your Unaudited list will reduce each time you audit and update a record. Our goal is to have all infants audited by 3 months of age.

***Only use this page for Pass/Pass entries. If an infant is considered an exception of any type, that infant must also be entered on your MSR exceptions page. Document the status in the notes section and update record.**

EHDI Loss to Follow-up

Hundreds of infants per year in Indiana do not pass UNHS and yet do not get audiology diagnostic testing.

Effective hearing screening, immediate reporting and referral to audiology are critical to ensuring children have the best outcomes possible.

Hospital screenings are the first step of the process.

Reducing Lost to Follow-up Tips

- Use an interpreter if needed.
- Provide results and information in the parent's native language if possible.
- Make sure the referral for diagnostic testing is made prior to discharge. Use the EHDI Comprehensive Audiology provider list found on www.hearing.in.gov.
- Assure parents know where and when the appointment is scheduled or which audiology facility will contact them. Provide parents with the facility name, location and phone number. Advise family to call the audiology provider if they have not heard back regarding a follow-up appointment within one week.
- Verify the parents' contact information, and obtain an alternative contact when possible.
- Verify the PCP who will see the infant after discharge, and communicate results to their office.
- Communicate results to the Indiana EHDI Program through your MSR **within 5 days for did not pass babies.**

Order form

Please use the following link to order forms or email
ehdi@health.in.gov

www.hearing.in.gov

Resource List

Indiana Resources:

Indiana EHDI

Center for Deaf and Hard of Hearing Education

Indiana Hands and Voices

Mom's Helpline

www.hearing.in.gov

www.cdhhe.in.gov

www.inhandsandvoices.org

MCHMOMSHelpline@isdh.in.gov

National Resources:

Joint Commission on Infant Hearing:

American Academy of Pediatrics

EHDI National Technical Resource Center (NTRC)

Hands and Voices

www.jcih.org

www.aap.org

www.infanthearing.org

www.handsandvoices.org

You are appreciated!

Thank you and your staff for all you do for the families of Indiana!



Contact List

If questions arise after this initial training, consult the EARS User Guide or contact Indiana EHDI.

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EARLY HEARING DETECTION
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