



eReports® Hearing Screening Module Data Entry At-A-Glance

The purpose of this document is to define eReports hearing screening module data definitions. The goal is to standardize data responses.

Data Elements

Hearing Screen Entry Click for Help			
Patient Last Name, <u>First</u> :	QUEST, BB	Baby AKA:	JOHNNY QUEST
Birth Date:	10/01/2023	Birth Facility <u>MRN</u> :	HCA123456
Birth Order:		Birth Facility:	HCA FLORIDA CAPITAL HOSPITAL
Mother's Phone:	8503214567	Mother's First & Last Name:	JANE SMITH
Mother's City, State, Zip:	TALLAHASSEE, FL 32312	Mother's Address:	1234 TEST ONLY AVENUE
Primary Care Physician:	TALLAHASSEE PRIMARY CARE A		TALLAHASSEE PRIMARY CARE A

Entry Instructions

Patient Demographics: The demographic information is prepopulated based on the blood specimen card submitted by the birth facility. The information cannot be edited.

Data Elements

Most Recent Hearing Screen:			
Hearing Screen Date:	1/24/2024 12:01:00	Inpatient/Outpatient:	Inpatient
Left Ear Result:	Refer/Fail ▼	Refer/Fail:	Refer/Fail ▼
Left Ear Method:	ABR ▼	Right Ear Method:	ABR ▼
Reason Not Screened:			

Entry Instructions

Most Recent Hearing Screen: The most recent ear specific hearing screening result, method, or not screened reason is prepopulated based on the blood specimen card or through eReports entry. The information cannot be edited.

Data Elements

Enter Hearing Screen Here:	
Hearing Screen Date (MM/DD/YY)	
Left Ear Result:	
Left Ear Method:	

Inpatient/Outpatient	
Right Ear Result:	
Right Ear Method:	
	ABR OAE VI

Entry Instructions

Date of Test:

- The data of the hearing screening
- To report a hearing screen on the same day as a previously entered hearing screen, add the time of the screen in the same field as the hearing screen date. The format for this must be: MM/DD/YY HH:MM:SS.

Inpatient/Outpatient:

- Inpatient – screen performed prior to discharge from the hospital.
- Outpatient – screened performed after discharge from the hospital.

Left/Right Ear Result:

- Pass – Screening equipment indicates no further testing is recommended at this time.
- Refer/Fail – Screening equipment indicates a need for further testing or visual inspection indicates an ear abnormality. In cases of an ear abnormality, refer results should be entered for the affected ear(s).

Right/Left Ear Method:

- ABR – Auditory Brainstem Response testing.
- OAE – Otoacoustic Emissions testing
- VI – Visual inspection indicates an ear abnormality and should be selected for the affected ear, even if the ear was screened.

Data Elements

Reason Not Screened		Facility Transfer Name	Any Facility
---------------------	----------------------	------------------------	--------------

Reason Not Screened:	
Reason Not Screened	EAR RELATED BIRTH DEFECT EXPIRED FACILITY TRANSFER MEDICALLY FRAGILE MISSED PROLONGED NICU STAY REFUSED

Entry Instructions

Reason Not Screened:

- Ear Related Birth Defect – Missing or underdeveloped ear or ear canal that prevents screen completion.
- Expired – Baby died before discharge.
- Facility Transfer – Baby transferred to another hospital before screen completed.
- Medically Fragile – Baby discharged from hospital with a medical condition that requires equipment or procedures to sustain life.
- Missed – Well baby discharged without a hearing screen.
- Prolonged NICU Stay – Baby has been in the Neonatal Intensive Care Unit (NICU) for more than five days and has not had a hearing screen.
- Refused – Parent or legal guardian refused hearing screening.

Facility Transfer Name: Hospital where baby was transferred. Required when “Transfer” selected from “Reason Not Screened” dropdown.

Data Elements

Risk Factors (mark all that apply):			
NICU greater than 5 days	☐	Family history of childhood HL	☐
Aminoglycoside ABX more than 5 days	☐	Hyperbilirubinemia w/trans.	☐
Extracorporeal Memb. Oxyg. (ECMO)	☐	Asphyxia/Hypoxic Ischemic Enceph.	☐
Low birth weight (less than 1500 grams)	☐	Persistent Pulm. Hyper. (PPHN)	☐
Herpes/Rubella/Syphilis/Toxoplasmosis	☐	Cytomegalovirus (cCMV)	☐
Head trauma/skull/temp. bone fract.	☐	Ear microtia/atresia/oral facial cleft	☐

Entry Instructions

Risk Factors: Risk factors can only be entered with a hearing screening result. Select “yes” from the dropdown to all risk factors that apply, including:

- NICU greater than 5 days – Infants who receive specialized care in the NICU for more than five days.
- Aminoglycoside Antibiotics more than 5 days – Infants who receive this class of antibiotics to treat serious infections for more than five days.
- Extracorporeal Membrane Oxygen (ECMO) – Infants who receive life-sustaining treatment using an ECMO machine.
- Low birth weight – Infants with a birth weight of under 1500 grams or 3 pounds, 4 ounces.
- Herpes/Rubella/Syphilis/Toxoplasmosis – Infants with any of the listed infections.
- Head trauma/skull/temporal bone fracture – Infants with mild, moderate, or severe head trauma.
- Family history of childhood hearing loss – Infants with one or more biological family members with hearing problems from birth or in early childhood.
- Hyperbilirubinemia with transfusion – Infants with Hyperbilirubinemia treated with an exchange transfusion.
- Asphyxia/Hypoxic Ischemic Encephalopathy – Infants with brain dysfunction from lack of blood flow.
- Persistent Pulmonary Hypertension (PPHN) – Infants with PPHN preventing oxygenation.
- Congenital Cytomegalovirus – Infants who test positive for cytomegalovirus within the first 21 days of life.

- Ear microtia/Atresia/Oral Facial Cleft – Infants without an outer ear or ear canal, with an underdeveloped outer ear or ear canal, or with a lip or roof of the mouth not fully joined.

Data Elements

Follow-Up & Referral:			
Follow-Up Hearing Test Scheduled		Upcoming Appt. Date (MM/DD/YYYY)	
Referred to Facility		Comments:	
INTERNAL USE (PID)	3931902	INTERNAL USE (SID)	4052836

Entry Instructions

Follow-Up & Referral:

- Follow-Up Hearing Test Scheduled – Select “yes” from the dropdown if a follow-up test has been scheduled.
- Referred to Facility – Enter the name of the facility the infant has been referred to if “yes” was selected in the Follow-Up Hearing Test Scheduled field.
- Upcoming Appt. Date – Enter the date of the scheduled test. This field is required if “yes” is selected in the Follow-up Hearing Test Schedule field.
- Comments – Enter any additional information, such as the name of primary care physician or pediatrician.