



# PA Case Management System (iCMS) SaaS Implementation

## Audiologists Training

## What is iCMS?

- Internet Case Management System (iCMS), a web-based software application
- Used by the Pennsylvania Department of Health's Division of Newborn Screening and Genetics (DNSG) for case management, tracking and managing the follow-up of newborn filter paper and point-of-care (POC) screening results for infants born/residing in PA
- Developed and supported by Neometrics, a division of Natus



## Service Vendor

- Neometrics, a Division of Natus, incorporated in 1978
- Based in Hauppauge, NY
- Staff has over 100 years of experience in newborn screening and data management
- Market leader in newborn screening software for:
  - Testing, reporting and case management
  - Electronic data transfer (via HL7)
  - Federal reporting





## Implementation Coordinator and Trainer

**Lisa Hudson**, Applications Systems Analyst II and Certified HL7 Control Specialist, has over 20 years of public health systems experience

Responsibilities include:

- Provide assistance and training to existing clients (users and IT staff)
- Provide technical expertise on application, network and database issues
- Create user manuals, documentation and training materials
- Training

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## PA DNSG

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# Training Plan

- Complete Webinar Training
- Answer Webinar Review Questions
- Submit Answers and Request for Login
- Go Live!



## Implementation Goals

Provide a *single comprehensive* data system that:

- supports the newborn metabolic, hearing and critical congenital heart defects (CCHD) screening follow-up programs
- supports unlimited DOH and external users, with different scopes and levels of access based on their roles
- provides fast and accurate identification of infants and their newborn screening results
- provides a secure interface for exchanging protected health information (PHI) with the contracted laboratories, submitters and treatment centers
- increases timeliness and efficiency of follow-up and reporting



# Implementation Plan

- ✓ **Phase I:** Laboratories are able to send newborn filter paper screening data to iCMS, using HL7 messaging. DOH users are able to perform newborn screening follow-up activities and run reports in iCMS. An ad-hoc reporting tool is also provided for DOH to build custom reports, as needed.
- ✓ **Phase II:** Treatment Centers (TCs) are provided access to iCMS for *specified* diagnostic follow-up activities and hospitals, midwives and birthing centers are able to manually enter or electronically submit hearing screening data to iCMS.

## **Current Phase**

- **Phase III:** Audiologists, Cardiologists and other health care professionals working with the newborns are provided access to iCMS for *specified* inpatient and outpatient diagnostic evaluation follow-up activities.



## Phase III Objectives

- Bring the Pennsylvania newborn screening and genetics program ***ahead*** of other newborn screening and genetics programs across the country.
- Eliminate the need for the current email of workbooks between state and all Health Care Professionals (HCP)s.
- Provide HCPs and other outside providers direct access to referred cases for easy and quicker reporting of diagnostic results, leading to timely follow-up and treatment.



## Data Entry Learning Objectives

- Be able to access and log into the PA iCMS
- Be able to search and find a newborn in the system
- Use PA iCMS to view the results from newborn's screenings
- Use PA iCMS to view a newborn's case information, such as, contacts, appointments, referrals, diagnoses etc.
- Use PA iCMS to track and complete referrals
- Use PA iCMS to track and complete diagnostic evaluations
- Learn how to create user accounts in PA iCMS for other users
- Be prepared to train other users on how to use the system
- Feel comfortable using PA iCMS



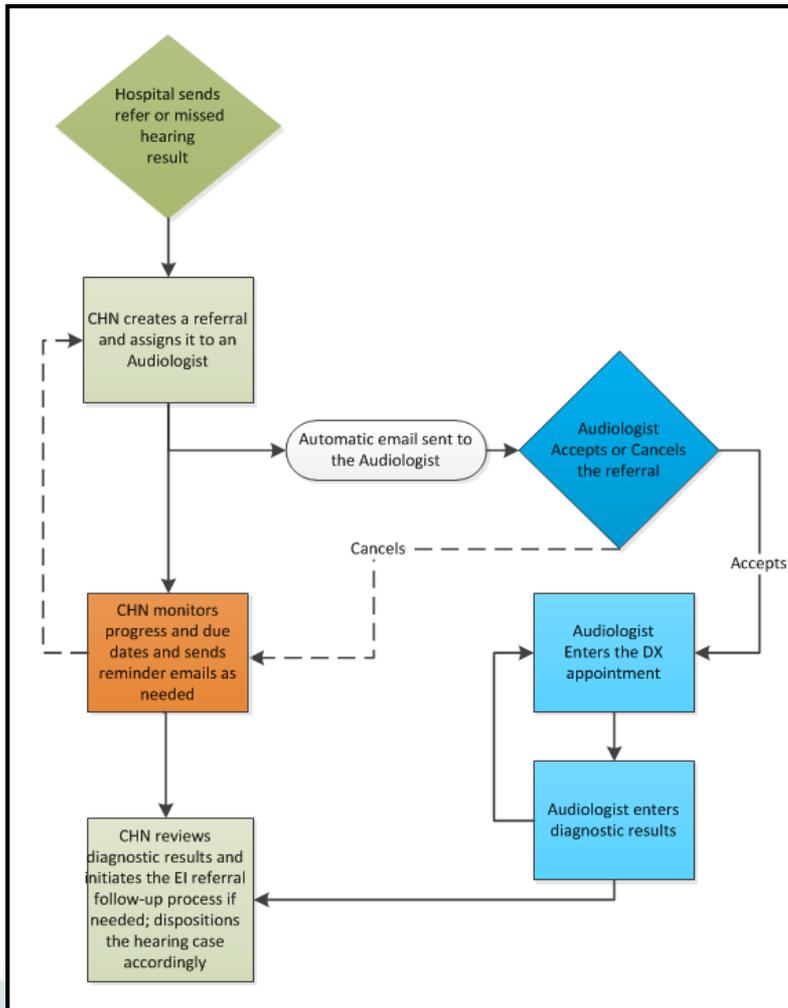
## iCMS Concepts

- Work grids
- PHI and emails (trusted sender Neometrics.com)
- Individual logins



# Let's Get Started...

# Referral-Diagnosis Work Flow



## Current Process

- CHN creates and enters status for a referral in iCMS and emails a workbook to the Audiologist
- Audiologist submits diagnostic workbook via email and CHN enters it into iCMS

## To-Be Process

- CHN creates the referral in iCMS and an automatic email notification is sent to the Audiologist
- Audiologist completes the referral or cancels it in iCMS
- Audiologist enters the diagnostic results directly in iCMS



# New Referral-Diagnosis Work Flow

- The MS Excel workbooks will no longer be needed
- Audiologists will have direct access to the system, to provide status update and enter diagnostic results for assigned cases
- Audiologists will be notified by an automatic email when a new referral is assigned to their facility
- Expected response time for status updates and final diagnosis will vary based on the disorder

Disorder	Max # of Days to Update Referral
Hearing	within 4 days of referral

- Audiologist users will have the ability to log into iCMS at any time to access new and pending referrals, cases that need final diagnosis and completed cases for their facility



## Referral Email

From: customersupport@neometrics.com  
To:  
Cc:  
Subject: Newborn Screening Referral from PA DOH

You are receiving this email because a referral was made to your facility for a condition listed on the Pennsylvania Newborn Screening Panel. Please log into the Pennsylvania Department of Health's newborn screening case management system, iCMS, to view the case details.

You must update the referral in iCMS with initial contact and initial assessment information. Once a diagnosis is determined, you must enter the Diagnostic Results in the system, no later than ten business days following the date of diagnosis.

Please do not hesitate to contact the Newborn Screening Follow-up Program with any questions or concerns, by calling 717.783.8143.

[Click here](#) to access this information.

*Healthcare practitioners, including physicians and surgeons, and healthcare facilities, including birthing centers and hospitals, are required to report final diagnoses of certain diseases in the newborn child to the Pennsylvania Department of Health, Bureau of Family Health, Division of Newborn Screening and Genetics; (see 35 P.S. §521.16; 28 Pa. Code §27.1; 28 Pa. Code §27.30; 28 Pa. Code §27.21a; and effective July 1, 2009 35 P.S. §623).*

### **NEWBORN SCREENING & FOLLOW-UP PROGRAM**

Pennsylvania Department of Health Bureau of Family Health | Division of Newborn Screening and Genetics

625 Forster Street, Seventh Floor East | Harrisburg, PA 17120

Phone: 717-783-8143

- Referral creation will send an automatic email to all affiliated designees
- “[Click here](#)” will open the iCMS login page
- Please note the email is from: [customersupport@neometrics.com](mailto:customersupport@neometrics.com)



## Defining Users, Affiliations and Designees

- Every user is affiliated to the provider(s)
- Every user is assigned a role that limits what they can see and do
- Not every user is a designee
- Designees receive the referral emails (Limit 5)
- Administrator users for a provider can configure new users for that provider

## Login



Pennsylvania Department of Health  
Bureau of Family Health | Division of Newborn Screening and Genetics  
625 Forster St. | Seventh Floor East, Health and Welfare Building | Harrisburg, PA 17120  
Phone: 717-783-8143 or 877-724-3258 Fax: 717-724-6995  
Web: www.health.pa.gov



### ICMS Browser Requirements

Please enable Compatibility Mode for this site. (IE Users)  
Ensure iCMS is set as a Trusted Site. (IE Users)  
Download and Open the Quick Patch to update your browser.  
Make sure your browser's Pop-up Blocker is turned off.  
It's recommended to turn off header/footer for letter printing.

**User Name**

**Password**

**Login**

[Forgot your password?](#)

**Supported Web Browsers: IE v10 and higher**

**User Tip: TURN OFF the pop up blocker on first login**

**If you forget or misplace your password:  
Click "Forgot your Password?"  
You have 5 attempts before you are locked out.**

**Add 'nbs.pa.gov' to the list of trusted sites on your workstation onsite.**

URL For Production:

<https://nbs.pa.gov/toolbar/login.aspx>

IE must be run in compatibility mode:

Tools -> Compatibility View Settings

Add this website -> Click "Add"

## Password Criteria

- Passwords must have 8 characters including an uppercase, lowercase, numeric and a symbol
- Password can not be one that was previously used within last 180 days
- Users can only change their password 1 time every 15 days
- Audiologist Administrators can reset a user's password at any time
- Temporary password is good for 14 days
- Password reset is required every 60 days

# User Terms and Conditions

- Users must agree to these terms and conditions to access iCMS

**Attention**



**Pennsylvania Internet Case Management System**  
**User Terms and Conditions**

By using the Pennsylvania Internet Case Management System (PA iCMS), you attest to the following:

**AUTHORIZED ACCESS**

- 1) I attest that the information I provided during registration is my own and is true and accurate to the best of my knowledge.
- 2) I attest that I am legally authorized to access the PA iCMS.
- 3) I understand that PA iCMS usernames and passwords are assigned to individuals and not to facilities. All authorized users must have their own accounts using their own credentials. Usernames and passwords cannot be shared. Any violations of username and password security may result in revocation of direct access.
- 4) I understand that I am only permitted to use the PA iCMS for the reasons explicitly stated in the Infant Hearing Education Assessment, Reporting and Referral (IHEARR) Act, 11 P.S. §§ 871-1 et seq.; the Newborn Child Testing Act, 35 P.S. §§ 621 et seq.; 28 Pa. Code Chapter 28; and, the Newborn Child Pulse Oximetry Screening Act, 11 P.S. §§ 878.1 et seq.
- 5) I agree to report any suspected breach or unauthorized access of the system to the Pennsylvania Newborn Screening Program immediately.

**CONFIDENTIALITY**

- 6) I understand that the data from the PA iCMS is protected patient health information and any information accessed must be treated as confidential as required by the authority cited in paragraph 4 above.
- 7) I understand that any person who unintentionally or intentionally makes an unauthorized disclosure of information from the PA iCMS may be subject to civil and criminal penalties.
- 8) I agree to abide by all rules and regulations set forth in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and any subsequent amendments.

**GENERAL TERMS AND CONDITIONS**

- 9) I accept the above conditions and certify that I am a healthcare professional authorized to access the PA iCMS.

Agree       Do Not Agree

# Landing Page



## Top Toolbar:

- **Home (Landing Page)** – Daily tasks and system options
- **Release Notes** – Training Materials
- **Contact Us** – Newborn Screening home page
- **Logout** – Exit out of iCMS

## Pending Referrals



- Link to all new and pending referrals
- Records based on role and affiliation, so users only see babies/referrals assigned to their facility for their disorders

# Pending Referrals

Home Help Contact Us Search Logoff

**Search Filter**  
Enter the required search criteria below.

Start Date: 2/14/2019 End Date: 5/15/2019

Filter Results

Pending Referrals - By Referral Date

Export to Excel

Drag a column header here to group by that column

Select	Med Rec #	Newborn Id	Infant Last N	Infant First N	Name at Discha	DOB	Gender	Birth Order	Mother Last Na	Mother First Name	Submitter Hosp	Referral Date	Referral Type	Status Due D	CHN
Select						06/17/20	Male				Geisinger Medic	05/07/2019	HEARING - Hearir	05/11/2019	Kim Billow
Select						12/13/20	Female				Abington Jeffen	05/09/2019	HEARING - Hearir	05/13/2019	Angela Collins
Select						12/30/20	Female				CHOP	05/09/2019	HEARING - Hearir	05/13/2019	
Select						01/27/20	Female	First Multiple			CHOP	05/13/2019	HEARING - Hearir	05/17/2019	
Select						05/18/20	Female	Not Multiple Bir			West Penn Hosq	05/15/2019	HEARING - Hearir	05/19/2019	TC USER HGB

- Displays all referrals assigned to the Audiologist, awaiting an update
- Defaults to referrals created in the past 90 days
- Overdue cases highlighted in yellow
- Use the filter options on the top to change the default settings

# Pending Referrals

Pending Referrals - By Referral Date

Export to Excel

Filter on a specific value entered into the column

Sort the column in ascending order by clicking on the column header. Click the column twice to sort descending

Select	Med Rec #	Newborn Id	Infant Last N	Infant First N	Name at Disch	DOB	Gender	Birth Order	Mother Last Na	Mother First Name	Submitter Hosp	Referral Date	Referral Type	Status Due D	CHW
Select		PA15K	PEAO			03/14/20	Female	Not Multiple Bir	PEACH		Gentle Delivery	03/27/2019	SCID - Immunolo	03/31/2019	Angela Collins
Select		PA16L	MAGA			03/04/20	Male	Second Multiple	MAGA		Geisinger-Wyom	03/27/2019	SCID - Immunolo	03/31/2019	Janine Strick

Click the arrow on the column to see the available values to filter

- (All)
- Female
- Male

Click the Key to select other filter options

- Begins with
- Contains
- Ends with
- Equals
- Doesn't equal
- Is less than
- Is less than or equal to
- Is greater than
- Is greater than or equal to

- The filter and sorting options described for this grid can be used throughout iCMS
- The “Export to Excel” will take all data displayed on the grid and create an excel file. This option also appears on all iCMS grids. When selected, a popup message will display at the bottom of the screen:

Do you want to open or save **Export\_8\_5\_2017\_2\_49\_PM.xls** from 10.24.3.131?

Open

Save

Cancel



# Pending Referrals

Home Help Contact Us Search Logoff

**Search Filter**  
Enter the required search criteria below.

Start Date: 2/14/2019 End Date: 5/15/2019

Filter Results

Pending Referrals - By Referral Date

Export to Excel

Drag a column header here to group by that column

Select	Med Rec #	Newborn Id	Infant Last N	Infant First N	Name at Discha	DOB	Gender	Birth Order	Mother Last Na	Mother First Name	Submitter Hosp	Referral Date	Referral Type	Status Due D	CHN
Select						06/17/20	Male				Geisinger Medic	05/07/2019	HEARING - Hearir	05/11/2019	Kim Billow
Select						12/13/20	Female				Abington Jeffer	05/09/2019	HEARING - Hearir	05/13/2019	Angela Collins
Select						12/30/20	Female				CHOP	05/09/2019	HEARING - Hearir	05/13/2019	
Select						01/27/20	Female	First Multiple			CHOP	05/13/2019	HEARING - Hearir	05/17/2019	
Select						05/18/20	Female	Not Multiple Bir			West Penn Hos	05/15/2019	HEARING - Hearir	05/19/2019	TC USER HGB

- Click “Select” to complete or cancel a referral

# Pending Referrals

**Edit Referral**

\* Referral Type

\* Disorder

\* Referred To  ...

Aberdeen Audiology  
230 Sugartown Road, Suite 220  
Wayne, PA 19087

\* Referral Date

\* Person Completing Referral

\* Date Referral Completed

\* Time Referral Completed

\* Referral Received

**OR**

\* Referral Cancelled

\* Referral Cancelled Reason

Edit
Save
Cancel

- The referral opens in edit mode
- Red asterisks (\*) indicate mandatory fields
- Blue asterisks (\*) indicate conditionally mandatory fields

# Pending Referrals

Home	Contact Us	Search	Logoff	Screen 1 of 1 < Prev 1 Next >			
Case Information	<b>Newborn ID:</b> 34343453453 <b>Case Status:</b> Closed <b>Birth Order:</b> Not Multiple Birth <b>Filter Paper #:</b> 34343453453 <b>Hyperal:</b> <b>Transfused Date:</b> <b>Gestation Age:</b> <b>Pulse Ox Date:</b>		<b>Infant Name:</b> DLNAME, DFNAME <b>Mother's Name:</b> TEST, <b>Mother DOB:</b> <b>Submitter Name:</b> Magee Womens Hospital of UPMC <b>Birth Facility:</b> Magee Womens Hospital of UPMC <b>MRN #:</b> <b>Collection Date:</b> 01/02/2019 @ 00:00 <b>Pulse Ox Result:</b> Unknown		<b>Gender:</b> Female <b>Date of Birth:</b> 01/01/2019 @ 00:00 <b>Birth Weight:</b> 0 grams <b>Results Released:</b> 01/22/2019 <b>PCP:</b> <b>PCP Phone:</b> <b>Hearing Date:</b> <b>Reason:</b>		<input type="button" value="Cancel"/> <input type="button" value="Retry"/>
<ul style="list-style-type: none"> <li>◦ Demographics (C)</li> <li>◦ Appointments</li> <li>◦ Referrals</li> <li>◦ Note Book</li> <li>◦ Document Capture</li> <li>◦ Dried Blood Spot</li> <li>◦ Laboratory Results</li> </ul>							

The header of a case has several components:

- The center, blue banner identifies the infant
- The left-side navigation menu includes links for other case details
- The top-right corner allows for system navigation
  - **Cancel** - Return to the previous screen
  - **Retry** - Return to the grid from where you selected the case
  - **Prev** and **Next** - Allow you to view additional filter papers for the case

# Pending Referrals

**Edit Referral**

\* Referral Type: HEARING - Hearing

\* Disorder: [ ]

\* Referred To: AUD250  
 Aberdeen Audiology  
 230 Sugartown Road, Suite 220  
 Wayne, PA 19087

\* Referral Date: 5/7/2019

\* Person Completing Referral: Audiologist Admin

\* Date Referral Completed: 5/15/2019

\* Time Referral Completed: 17:28

\* Referral Received

**OR**

\* Referral Cancelled

\* Referral Cancelled Reason: [ ]

- \* Mandatory data for Save
- \* Conditionally mandatory
- ▾ Option drop-down
- 📅 Calendar drop-down

Auto-filled

Select Referral Received OR Referral Cancelled and Reason Cancelled

- Click “Save” to update the referral
- Click “Cancel” to exit the record without updates

# Pending Referrals

Referral Received OR Referral Cancelled: This field is required

**Edit Referral**

\* Referral Type: HEARING - Hearing

\* Disorder: [dropdown]

\* Referred To: AUD250  
 Aberdeen Audiology  
 230 Sugartown Road, Suite 220  
 Wayne, PA 19087

\* Referral Date: 5/13/2019

\* Person Completing Referral: Audiologist Admin

\* Date Referral Completed: 5/15/2019

\* Time Referral Completed: 17:38

\* Referral Received  ← User must check one

OR

\* Referral Cancelled  ←

\* Referral Cancelled Reason: [dropdown]

- If mandatory data is missing or incorrect, error message(s) will display at the top of the screen when you click “Save”
- Fill in the required details correctly and click “Save” again

# Accepting a Referral

**Edit Referral**

\* Referral Type: HEARING - Hearing

\* Disorder: [Dropdown]

\* Referred To: AUD250  
 Aberdeen Audiology  
 230 Sugartown Road, Suite 220  
 Wayne, PA 19087

\* Referral Date: 5/13/2019

\* Person Completing Referral: Audiologist Admin

\* Date Referral Completed: 5/15/2019

\* Time Referral Completed: 17:38

\* Referral Received

OR

\* Referral Cancelled

\* Referral Cancelled Reason: [Dropdown]

Buttons: Edit, Save, Cancel

- Check the “Referral Received” box
- Click “Save”
- A Dx record will be created and listed on the Final Diagnosis Needed grid

# Cancelling a Referral

**Edit Referral**

\* Referral Type: HEARING - Hearing

\* Disorder: [dropdown]

\* Referred To: AUD250  
 Aberdeen Audiology  
 230 Sugartown Road, Suite 220  
 Wayne, PA 19087

\* Referral Date: 5/13/2019

\* Person Completing Referral: Audiologist Admin

\* Date Referral Completed: 5/15/2019

\* Time Referral Completed: 17:38

\* Referral Received:

OR

\* Referral Cancelled:

\* Referral Cancelled Reason: Parent refusal

Baby not seen  
 Family transferred  
 Expired  
 Parent refusal  
 Normal Rescreen

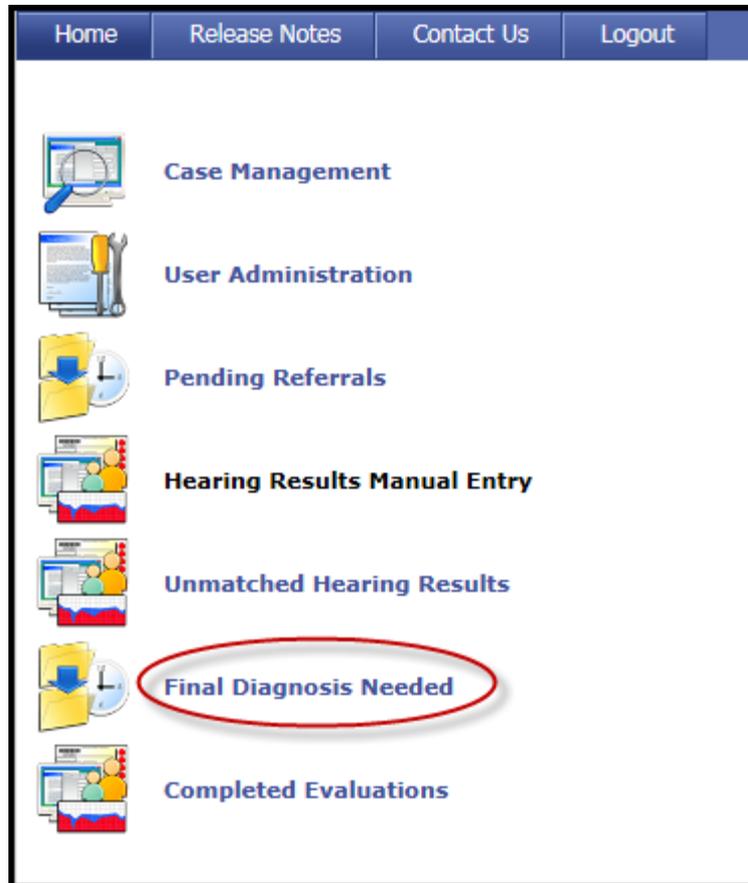
- Check the “Referral Cancelled” box
- Select a “Referral Cancelled Reason” from the dropdown
- Click “Save”
- The state will receive an action indicating referral cancelled – no further steps needed for the user
- The DX will not be created or if one already exists, it will no longer appear on the Final Diagnosis Needed grid

# Completed Referrals

Referrals								
Select	Referral Date	Referral Type	Referred To	Phone #	Completed By	Completed On	Status	
Select	05/07/2019	HEARING - Hearing	Children's Hospital of Philadelphia Audiology	(215) 590-7071	Daniel LaGonterie	05/16/2019	Pending	
Select	05/16/2019	HEARING - Hearing	Delaware County Memorial Hospital	(610) 284-8572	Daniel LaGonterie	05/16/2019	Cancelled	
Select	05/07/2019	HEARING - Hearing	Aberdeen Audiology	(610) 688-6003	Daniel LaGonterie	05/16/2019	Completed	

- Once saved, the screen is redirected back to the Referrals summary page
- If the referral is accepted, the Status will be updated to “Completed”, the referral will be removed from the Pending Referrals grid and added to the Final Diagnosis Needed grid
- If the referral is cancelled, the referral status will be updated to “Cancelled” and the referral will be removed from the Pending Referrals grid
- To view and edit a referral, click “Select” next to it

## Final Diagnosis Needed



- Link to completed referrals for which a final diagnosis has not been entered yet

# Final Diagnosis Needed

## Search Filter

Enter the required search criteria below.

Start Date

End Date

Filter Results

## Final Diagnosis Needed – By Referral Date

Export to Excel

Items Overdue

Drag a column header here to group by that column

Select	Med Rec #	Newborn Id	Infant Last Name	Infant First N	Name at Discharge	DOB	Gender	Birth Order	Birth Hospital	Mother Last	Mother First	DBS Submitter	Referral Com	Referral Type	CHN
Select	00					10/13/2018	Male	Not Multipl	Paoli Memorial Hospital			Paoli Memorial Hospital	3/29/2019	HEARING - Hearing	TC USER SCID
Select						01/01/2019	Male	Not Multipl	Temple University Hospital	TEST		Temple University Hospital	4/15/2019	HEARING - Hearing	Kate Withjack
Select	54					01/03/2019	Male	First Multipl	Albert Einstein Medical Center			Albert Einstein Medical Center	4/15/2019	HEARING - Hearing	test

- Lists all completed referrals that are awaiting a final diagnosis
- Defaults to cases requiring a final diagnosis within the past 366 days
- Use the filter options on the top to change the default settings
- Click “Select” to view and edit a record



# Final Diagnosis Needed

- Final Diagnosis is expected to be updated within the requirements below:

Disorder	DX Due in
Hearing	Within 10 business days after diagnosis

- The diagnosis forms will match the workbook previously emailed to you by the CHN

# Final Diagnosis Needed



**Edit Hearing Diagnostic Evaluation**

Only OP Screening Performed

\* Date of Diagnostic Evaluation  
5/13/2019

\* Results Right Ear  
Normal Hearing

\* Degree of Loss Right Ear  
Normal ( 0 - 15 dB )

\* Results Left Ear  
Normal Hearing

\* Degree of Loss Left Ear  
Normal ( 0 - 15 dB )

**Diagnosis Method**

Click ABR     Tone Burst ABR     Bone Conduction ABR  
 TEOAE     DPOAE     Tympanometry  
 High Frequency Tymp     BOA     VRA  
 ASSR     CPA     Other

**Recommendations**

Medical Follow up     ENT Consult/Clearance     Amplification  
 Genetic Counseling     EI

Other(Specify)

**Audiological Re-Evaluation and/or Monitoring (when/how often)**

**EI Office Referred to - 150 Max Characters**

**Date Referred**

**Comments - 1000 Max Characters**

Created Date  
05/09/2019  
 Created By  
Vinod

Final Diagnosis

Edit    Save    Cancel

- Diagnostic Results form opens in edit mode
- The form matches the current workbook format
- Mandatory field indicators (\* and \*) and drop-downs function the same way as they do on the “Edit Referral” form
- If diagnostic findings are incomplete, provider should select 'incomplete findings' under right/left ear results.

# Final Diagnosis Needed

Audiological Re-Evaluation and/or Monitoring (when/how often)

\_\_\_\_\_

EI Office Referred to - 150 Max Characters

\_\_\_\_\_

Date Referred

\_\_\_\_\_

Comments - 1000 Max Characters

\_\_\_\_\_

Created Date  
05/09/2019

Created By  
Vinod

Final Diagnosis  ← Always check Final Diagnosis

Edit Save Cancel

- If it is the final diagnosis, check the box
- Click “Save” to update
- Click “Cancel” to exit without saving changes
- If unable to save, scroll to the top of the screen for warnings and errors
- If you have any additional comments, add it to the Notebook
- For “Incomplete Findings”, check the final diagnosis box then enter a future appt.

**Note:** To cancel a diagnostic result, go to the “Edit Referral” screen and cancel it.

# Outpatient Screening Performed

**Edit Hearing Diagnostic Evaluation**

Only OP Screening Performed

\* Date of Diagnostic Evaluation

▼ Blank out the date

Point of Care - Hearing ▲

- IP/OP Screening Results
- Hearing Risk Factors
- Hearing Diagnostic Evaluation
- Early Intervention

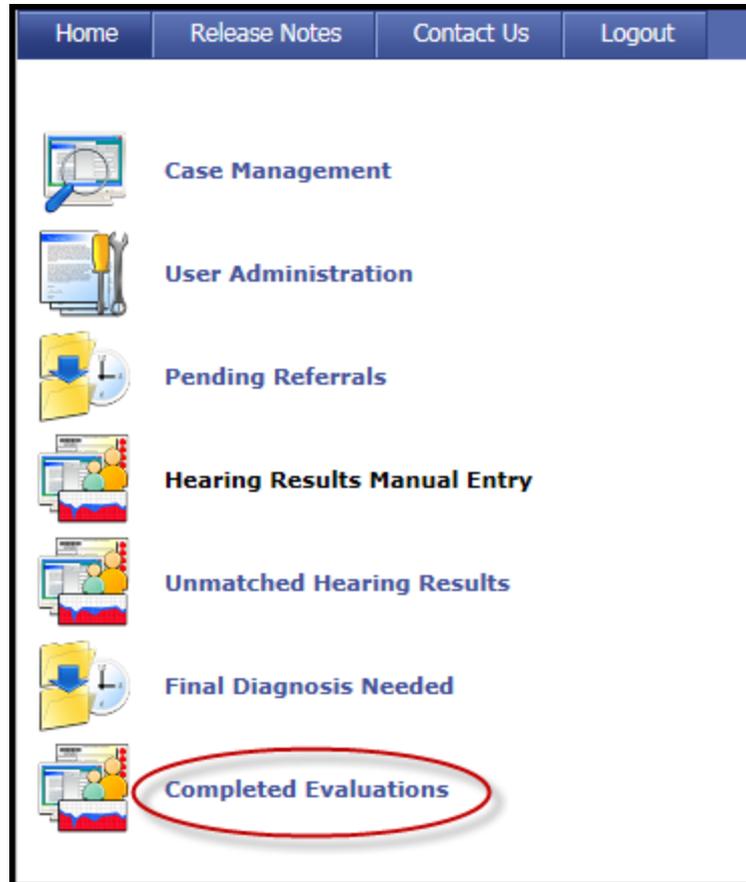
- If an Outpatient (OP) screen was performed instead of a diagnostic evaluation, check the “Only OP Screening Performed” box and blank out the Date of Diagnostic Evaluation
- Check the “Final Diagnosis” box at the bottom of the form
- Click “Save” to update
- Select IP/OP Screening Results from the left navigation menu
- Add the OP Screening results

# Final Diagnosis Needed

Hearing Diagnostic Evaluation								
	Evaluation Status	Only OP Screening Performed	Diagnosis Date	Referred Date	Diagnostic Provider	Hearing Results - R	Hearing Results - L	Created Date
Select	Completed	No	05/09/2019		Aberdeen Audiology	Normal Hearing	Unknown Loss	05/09/2019
Select	In Progress	No	05/13/2019		Aberdeen Audiology	Normal Hearing	Normal Hearing	05/09/2019
Select	In Progress	No			Aberdeen Audiology			05/09/2019

- If “Final Diagnosis” was checked, the “Evaluation Status” will be updated to “Completed”, else it will stay as “In Progress”
- The record will be removed from the Final Diagnosis Needed grid and added to the Completed Evaluations grid
- To view and edit a record, click “Select” next to it

# Completed Evaluations



- Link to all completed cases

# Completed Evaluations

**Search Filter**  
Enter the required search criteria below.

Start Date: 4/15/2019    End Date: 5/15/2019

[Filter Results](#)

Completed Evaluations – By Diagnosis Date

[Export to Excel](#)

Drag a column header here to group by that column

Select	Med Rec #	Newborn ID	Infant Last Name	Infant First Name	Name at Discharge	DOB	GENDER	Birth Order	Birth Hospital	Mother Last Name	Mother First Name	Referral Completion	Referral Type	DX Date	CHN
<a href="#">Select</a>						6/17/2016	Male	Not Multiple Bir	Geisinger Medical Center			5/29/2019	Hearing	5/13/2019	Kim Billow
<a href="#">Select</a>						1/14/2016	Female		Lehigh Valley Health Network			5/13/2019	Hearing	5/13/2019	
<a href="#">Select</a>						1/14/2016	Female		Lehigh Valley Health Network			5/13/2019	Hearing	5/13/2019	

- Allows quick review of completed cases
- Lists only the records that have the “Final Diagnosis” checkbox marked  
**Note:** Cases where OP screening was performed instead of diagnostic evaluations will not be listed on this grid.
- By default displays records with a final diagnosis date in the past 30 days
- To view a record, click “Select” next to it

## Case Management



- Allows users to search for specific cases based on selected criteria

# Case Management

Newborn ID	<input type="text"/>	Mother's First Name	<input type="text"/>
Filter Paper #	<input type="text"/>	Mother's Last Name	<input type="text"/>
Medical Record #	<input type="text"/>	Mother's DOB	<input type="text" value="v"/>
Infant Last Name	<input type="text"/>	Mother's Phone #	<input type="text"/>
From Date of Birth	<input type="text" value="v"/>	Birth Facility	<input type="text" value="..."/>
To Date of Birth	<input type="text" value="v"/>	Submitter's Name	<input type="text" value="..."/>
Gender	<input type="text" value="v"/>	Case Status	<input type="text" value="v"/>
Birth Certificate #	<input type="text"/>		

- To find a record, enter a value in one or more of the fields and click “Search”
  - A combination of fields can be used, e.g. Infant Last Name and DOB
  - Wildcard cards can also be used, e.g. Infant Last Name as “SM\*”
- Click “Reset” to clear the search
- If the search returns more than 10,000 records, a warning message will be displayed

# Case Management

Newborn ID

Filter Paper #

Medical Record #

Infant Last Name

From Date of Birth

To Date of Birth

Gender

Birth Certificate #

Mother's First Name

Mother's Last Name

Mother's DOB

Mother's Phone #

Birth Facility

Submitter's Name

Case Status

Filter Paper(s)

Drag a column header here to group by that column

Select	Newborn ID	Filter Paper #	Med Rec #	Infant Last Name	Last Name at C	DOB	Gender	Mother First Name	Mother Last Name	Mom DOB	Phone	Birth Facility	Submitter Name	Status
Select	DA123456TE...	DA123456TE...	45464646546	TESTING	DLNAME	1/2/2019	Female	SMA MOTHER	TESTING			Albert Einstein Medical Center	Albert Einstein Medical Center	Open
Select	34343453453	34343453453		TEST	DLNAME	1/1/2019	Female		TEST			Magee Womens Hospital of UPMC	Magee Womens Hospital of UPMC	Open
Select	PA170063618	PA170063618	971132225	WELSH	DLNAME	4/1/2019	Female	STEPHANIE	WELSH	1/24/1994		Magee Womens Hospital of UPMC	Magee Womens Hospital of UPMC	Open

- Click “Select” to view a record from the search results
- If the baby is not found, try alternate criteria

# Case Management

Birth Facility

Submitter's Name

Export to Excel

Select	ID#	Type	Description	Last Name	First Name	Cases	Address	Address 2	City	Zip Code
		Hosp/IP Prov								
Select	H178	Hosp/IP Prov	Geisinger Bloomsburg Hospital	Geisinger Bloomsburg Hospital		5540	549 E Fair Street		Bloomsburg	17815

[Type] Equals 'Hosp/IP Prov'

Cancel

- To search by Birth Facility or Submitter, click the ellipsis
- Click “Select” from the list displayed of your affiliated sites

# Case Management

Home	Help	Contact Us	Search	Logoff	Screen 1 of 1 < Prev 1 Next >	
<ul style="list-style-type: none"> <li>Case Information</li> <li>Demographics (C)</li> <li>Appointments</li> <li>Referrals</li> <li>Note Book</li> <li>Document Capture</li> <li>Dried Blood Spot</li> <li>Laboratory Results</li> <li>Lab Demographics</li> <li>Point of Care - Hearing</li> <li>IP/OP Screening Results</li> <li>Hearing Risk Factors</li> <li>Hearing Diagnostic Evaluation</li> <li>Early Intervention</li> <li>Point of Care - CHD</li> <li>CHD Screening Results</li> </ul>	<b>Newborn ID:</b> PA123545654	<b>Infant Name:</b> TEST,	<b>Gender:</b> Male	<div style="float: right;"> <input type="button" value="Cancel"/> <input type="button" value="Retry"/> </div>		
	<b>Case Status:</b> Open	<b>Mother's Name:</b> TEST,	<b>Date of Birth:</b> 01/01/2019 @ 00:00			
	<b>Birth Order:</b> Not Multiple Birth	<b>Mother DOB:</b>	<b>Birth Weight:</b> 0 grams			
	<b>Filter Paper #:</b> PA123545654	<b>Submitter Name:</b> Temple University Hospital	<b>Results Released:</b> 01/31/2019			
	<b>Hyperal:</b>	<b>Birth Facility:</b> Temple University Hospital	<b>PCP:</b>			
	<b>Transfused Date:</b>	<b>MRN #:</b>	<b>PCP Phone:</b>			
	<b>Gestation Age:</b>	<b>Collection Date:</b> 01/02/2019 @ 00:00	<b>Hearing Date:</b>			
	<b>Pulse Ox Date:</b>	<b>Pulse Ox Result:</b> Unknown	<b>Reason:</b>			

The header of a case has several components:

- The center, blue banner identifies the infant
- The left-side navigation menu includes links for other case details
- The top-right corner allows for system navigation
  - **Cancel** - Return to the previous screen
  - **Retry** - Return to the grid from where you selected the case
  - **Prev** and **Next** - Allow you to view additional filter papers for the case



## Case Menu

<b>Case Information</b> ▲
○ Demographics (C)
○ Appointments
○ Referrals
○ Note Book
○ Document Capture
<b>Dried Blood Spot</b> ▲
○ Laboratory Results
○ Lab Demographics
<b>Point of Care - Hearing</b> ▲
○ IP/OP Screening Results
○ Hearing Risk Factors
○ Hearing Diagnostic Evaluation
○ Early Intervention
<b>Point of Care - CHD</b> ▲
○ CHD Screening Results

- **Demographics** – current demographic data for the case
- **Appointments** – all appointments for the case
- **Referrals** – all referrals for the case
- **Notebook** – all notes for the case
- **Document Capture** – lab reports and other case documents; .doc, .docx, .xls, .xlsx, .pdf, .jpg, .gif and .png files
- **Laboratory Results** – filter paper results
- **Lab Demographics** – demographics from the filter paper
- **IP/OP Screening Results** – all hearing screening results
- **Hearing Risk factors** – the set of risk factors for the case
- **Hearing Diagnostic Evaluation** – the Hearing DX form
- **Early Intervention** – the EI enrollment status
- **CHD Screening Results** – all CHD screening results

# Case Demographics

**Patient Information**

\* Newborn ID: 94343453453

DBS CHN: Kate Withjack

POC-Hearing CHN: Kate Withjack

POC-CHD CHN: Kate Withjack

Infant Last Name: TEST

Infant First Name: BG

Infant Last Name at Discharge:

Infant First Name at Discharge:

Gender: Female

White

Black

Asian

Native Indian/Alaskan

Other

Hawaii/Pacific Island

Not Indicated

Hispanic Origin

Multiple Races

Newborn Hispanic: No

Birth Order: Not Multiple Birth

\* Date of Birth: 1/1/2019

Birth Time: 0000

Birth Weight: 0

Medical Record Number:

Medical Assistance:

Transfused:

Transfused Date:

Antibiotics:

AKA First Name:

AKA Last Name:

Hyperal:

Carnitine Supplement:

NICU:

Guardian's First Name:

Guardian's Last Name:

---

**Mother's Information**

Mother Last Name: TEST

Mother First Name: MOM

Mother Initial:

Street Address: 1 MAIN STREET

Zip Code: 15213

City: Pittsburgh

State: PA

Mother's County: ALLEGHENY

Home Phone: ( ) -

Cell Phone: ( ) -

Work Phone: ( ) - Work Extension:

Mother DOB:

Email Address:

---

**Emergency Contact**

Emergency Contact:

Emergency Contact #: ( ) -

Emergency Contact Info:

---

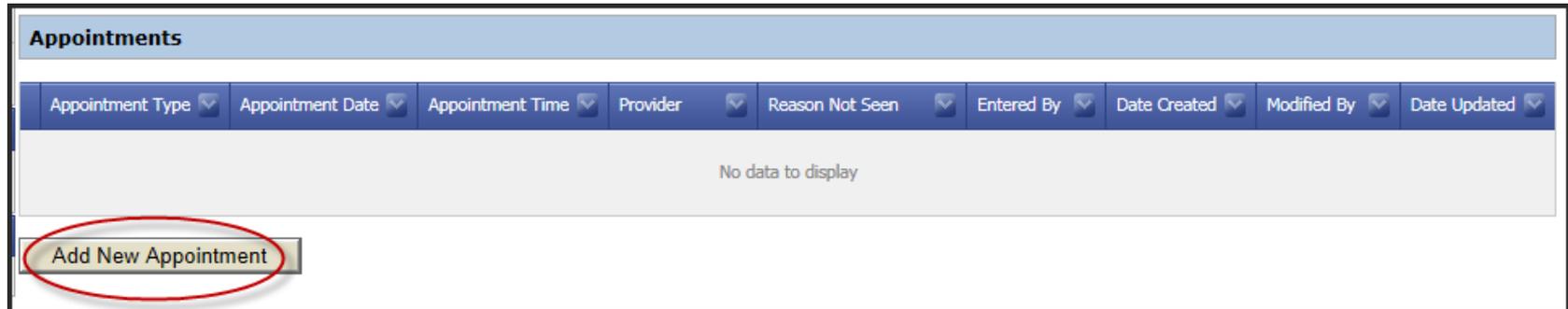
**Birth Hospital Information**

Birth Hospital ID: 111

Magee Womens Hospital of UPMC  
300 Halket Street, Room 4662 LCIC  
Pittsburgh PA - 15213

- Displays the most recent demographic information in view-only mode
- If you have more recent demographic information, please email it to the CHN assigned to this case

# Appointments



- If a future follow-up appointment is required, it should be entered when it is confirmed with the family
- To add or view, click the Appointments tab from the left-navigation menu
- To add a new appointment, click “Add New Appointment”

# Appointments

**Enter New Appointment**

Entered By Audiologist Admin  
 Date Created May 15 2019 6:07PM  
 Sequence 6

\* Appointment Type **Hearing Diagnostic Evalu**

\* Appointment Date 6/7/2019

Appointment Time 10:00

Provider ID AUD250

Aberdeen Audiology  
 230 Sugartown Road Suite 220  
 Wayne, PA 19087

Provider Name

Provider Phone ( ) -

Reason Not Seen

Comments

**Save** **Cancel**

- Hearing Outpatient Screening
- Hearing Diagnostic Evaluation**
- Hearing Other
- SMA Initial Assessment
- Metabolic Initial Assessment
- HGB Initial Assessment
- CF Initial Assessment
- DBS Other

- Select the appointment type to be scheduled:
  - Hearing Outpatient Screening
  - Hearing Diagnostic Evaluation
  - Hearing Other
- Enter the appointment date and other data as needed
- The provider defaults to your facility
- Click “Save” to update and the appointment will be added to the grid

**Appointments**

	Appointment Type	Appointment Date	Appointment Time	Provider	Reason Not Seen	Entered By	Date Created	Modified By	Date Updated
Select	Hearing Diagnostic Evaluation	06/07/2019	10:00	Aberdeen Audiology		Audiologist Admin	05/15/2019 18:10:02	Audiologist Admin	05/15/2019 18:10:02

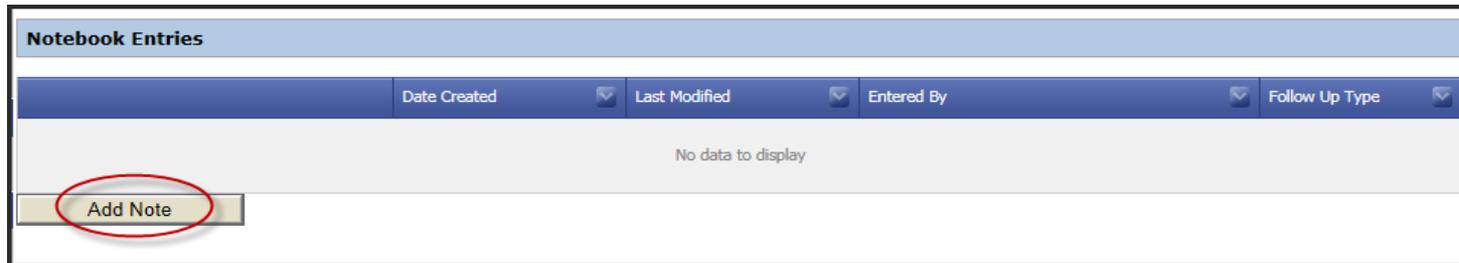
**Add New Appointment**



## Appointments

- After you see a baby and enter the DX result, if a follow-up visit is required then add a new DX appointment
- A new Hearing DX form will be generated when the new Hearing DX appointment is added and it will appear on the “Final Diagnosis Needed” grid

# Notebook



- The notebook is where you can add any comments related to the case
- To add or view, click the Note Book tab from the menu
- To add a new note, click “Add Note”

# Notebook

Notes

\* Follow up type: POC - Hearing

Characters remaining: 972

This is a note from the case

Spell Check

Save Cancel

Return to Notes Grid

- Select the note type “Hearing”, then enter the note
- Click “Spell Check” if needed
- Click “Save” to update and the note will be added to the grid

Notebook Entries				
Select	Date Created	Last Modified	Entered By	Follow Up Type
	5/16/2019 10:43:05 AM	5/16/2019 10:43:05 AM	Daniel LaGonterie	POC - Hearing

This is a note from the case

# Document Capture - Add

**Document Capture**

Drag a column header here to group by that column

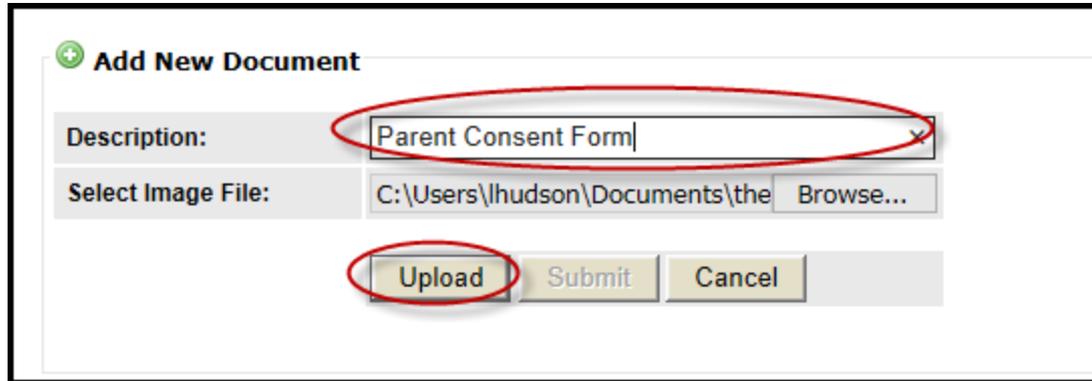
View Document	Comment	Saved by	Date Saved	Select
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

No data to display

**+ Add New File** **✖ Delete Selected**

- Click “Add New File” to add a scanned document to the case
- Click “Browse” to open search window to locate your document
- Click “Open” from the search window when the file is selected

## Document Capture - Add



**+ Add New Document**

Description:

Select Image File:

- Enter the document description then Click “Upload”
- File types supported: .doc, .docx, .xls, .xlsx, .pdf, .jpg, .gif and .png

# Document Capture - Add

**+ Add New Document**

Description:

Select Image File:

**File has been uploaded successfully. Please click the 'Submit' button to store the file in the database so you can view it later.**

**Image preview is not available for this type of document!**

- If system accepts the image type and description, you will be prompted to “Submit”

# Document Capture - View

 **Document Capture**

Drag a column header here to group by that column

View Document	Comment	Saved by	Date Saved	Select
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Parents Consent Form	TCA_CAH	08/05/2017	<input type="checkbox"/>

- To view an existing document, click 

# Laboratory Results

Select	Group	Disorder	Mnemonic	Comment	Status
	<input type="text"/>				
Select	T4 and TSH	T4 (CH)	WNL	Within Normal Limits	Normal
Select	AA	AA	WNL	Within Normal Limits	Normal
Select	AA	MSUD	WNL	Within Normal Limits	Normal
Select	AA	PKU	WNL	Within Normal Limits	Normal
Select	Gal	GAL	WNL	Within Normal Limits	Normal
Select	Gal	GALBEU	WNL	Within Normal Limits	Normal
Select	CAH	CAH	WNL	Within Normal Limits	Normal
Select	Hgb	HGB	FA	Within Normal Limits	Normal
Select	BIO	BIO	WNL	Within Normal Limits	Normal
Select	CF	CF	WNL	Within Normal Limits	Normal
Select	SCID	SCID	WNL	Within Normal Limits	Normal
Select	AC	AC	WNL	Within Normal Limits	Normal

Select	Testcode	Testnam	Value
Select	00053	T4 CH	16.10

- “Select” the test to view the result values



# Lab Demographics

Lab Demographics Screen	
Child's Information	Submitter / Physician
<b>Newborn ID</b> 34343453453 <b>Filter Paper #</b> 34343453453 <b>Name</b> TEST, <b>Name at Discharge</b> DLNAME, DFNAME <b>Collection Date / Time</b> 01/02/2019 @ 0000 <b>Med Rec Number</b> <b>Birth Date / Time</b> 01/01/2019 @ 0000 <b>Sex</b> Female <b>Race</b> Unknown <b>Hispanic</b> <b>Birth Order</b> Not Multiple Birth <b>Birth Weight</b> 0 grams <b>Current Weight</b> <b>Tranfused</b> <b>Trans Date/Time</b> <b>Specimen Age</b> 360 <b>Specimen Type</b> Initial Specimen <b>Age of Collection</b> 24 <b>Date Spec Received</b> 01/17/2019 <b>NICU</b> <b>Hyperal</b> <b>Carnitine</b> <b>Meconium Ileus</b> <b>Antibiotics</b> <b>Weeks Gestation</b>	<b>Submitter</b> Magee Womens Hospital of UPMC <b>Address</b> 300 Halket Street Pittsburgh PA 15213 Room 4662 LCIC  <b>Phone</b> (412) 641-1734 <b>Fax</b> (412) 641-4508  <b>Physician Name</b> <b>Address</b> LA137-2, None <b>City</b> LN <b>State</b> <b>Zip Code</b> <b>Phone</b>  <b>Birth Hospital</b> Magee Womens Hospital of UPMC <b>Address</b> 300 Halket Street Pittsburgh PA 15213 <b>Phone</b> (412) 641-1734
Mother's / Guardian's Information	Mother's Medical History
<b>Mother's Name</b> TEST, <b>Mother's DOB</b> <b>Mailing Address</b> <b>City</b> <b>State</b> <b>County</b> <b>Zip Code</b> <b>Email Address</b> <b>Phone</b> <b>Medical Assistance</b>  <b>Emergency Contact</b> <b>Emergency Phone</b> <b>Emergency Contact Info</b>  <b>Guardian's First Name</b> <b>Guardian's Last Name</b>	<b>Thyroid Disease</b> <b>Diabetes</b> No <b>On Steriods</b> <b>Maternal Hepatitis</b> UNK <b>Other</b>

- View only
- Populated from the filter paper

# IP/OP Screening Results

IP Screening Results						
	Screening Type	Screening Order	Result	Screening Provider	Screen Date	Error
Select	Inpatient Hearing	Second	L - ABR: Refer, R - ABR: Refer	West Penn Hospital	05/19/2018	No
Select	Inpatient Hearing	First	L - ABR: Refer, R - ABR: Refer	West Penn Hospital	05/18/2018	No

OP Screening Results						
	Screening Type	Screening Order	Result	Screening Provider	Screen Date	Error
No data to display						

Add Screening Result

- Inpatient and Outpatient Hearing Screening results allow you to add, edit or view IP and OP screens
- Click “Select” to view the details
- Click “Add” to enter a new screening result if your test was not a diagnostic evaluation

# IP/OP Screening Details

Screen No.	1
Screen Type	Inpatient
* Screening Provider	H1 Magee Womens Hospital of UPMC 300 Halket Street, Room 4662 LCIC Pittsburgh PA 15213
Screeener	LH
* Date of Screening	1/2/2019
Time of Screening	0000
Date Screening Results Received	4/18/2019
* Result Left Ear	Pass
* Screening Method Left	ABR
Malformation Left Ear	
Family Notified Date	
Data Entry Error	<input type="checkbox"/>
* Result Right Ear	Pass
* Screening Method Right	ABR
Malformation Right Ear	
PCP Notified Date	

- The screening details show date, time, method, results and malformations, if any, for the screen

# Adding an OP Result

**Add IP/OP Infant Screening Results**

Medical Record No.	11261091		
Last Name	MANDA		
Screen No.	3		
* Screen Type	Outpatient	<div style="border: 1px solid black; padding: 2px;">                     Inpatient                      Outpatient                 </div>	
* Screening Provider	H79		
	West Penn Hospital 4800 Friendship Avenue, Room 5705-North Tower PittsburghPA15224		
Screener	lh		
* Date of Screening	5/25/2018		
Time of Screening	1400		
Date Screening Results Received	5/25/2018	<div style="border: 1px solid black; padding: 2px;">                     Missed                      Pass                      Refer                      No Show                      Parent Refusal                      Transferred                      NMI                      Expired                      Previously Passed                 </div>	
* Result Left Ear	Refer	* Result Right Ear	Refer
* Screening Method Left	ABR	* Screening Method Right	ABR
IP Malformation Left Ear		IP Malformation Right Ear	
Family Notified Date		PCP Notified Date	
Data Entry Error	<input type="checkbox"/>		

Save Cancel

- To add the outpatient result, enter the mandatory fields and click “Save”

# Early Intervention

Early Intervention										
	Referral Date	Enrollment Status	Provider	Enrolled Date	Services Start Date	Entered By	Date Created	Modified By	Date Updated	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<a href="#">Select</a>	05/01/2019	Pending	BedfordSomerset Developmental and Behavioral Health Services			Daniel LaGonterie	05/16/2019 12:09:12	Daniel LaGonterie	05/16/2019 12:09:12	

- Early Intervention Status is view only
- Click “Select” to view the details

# Early Intervention

- Latest enrollment status and intervention method will be displayed

**Edit Early Intervention**

Entered By

Date Created

Modified By

Date Updated

Sequence

\* Referred to EI?

\* Referral Date

\* Enrollment Status

\* EI Provider  ⋮

BedfordSomerset Developmental and Behavioral Health Services  
1243 Shed Road  
Bedford PA 15522

\* Enrollment Date

Services Start Date

**Intervention Methods (check all that apply)**

Hearing Aids

Cochlear Implants

Other Assistive Devices

American Sign Language

Medication

Surgery

Other

Comments

# CHD Screening Results

CHD Screening Results										
	Sequence	Pulse Ox Results	Date Time	Reason	Created By	Date Created	Modified By	Date Modified	Final Result	
	367011	Unknown			HL7 Import User	01/29/2019 13:41:13	HL7 Import User	01/29/2019 14:32:53	Yes	

**Edit CHD Screening Results**

\* Pulse Ox

Date

Time

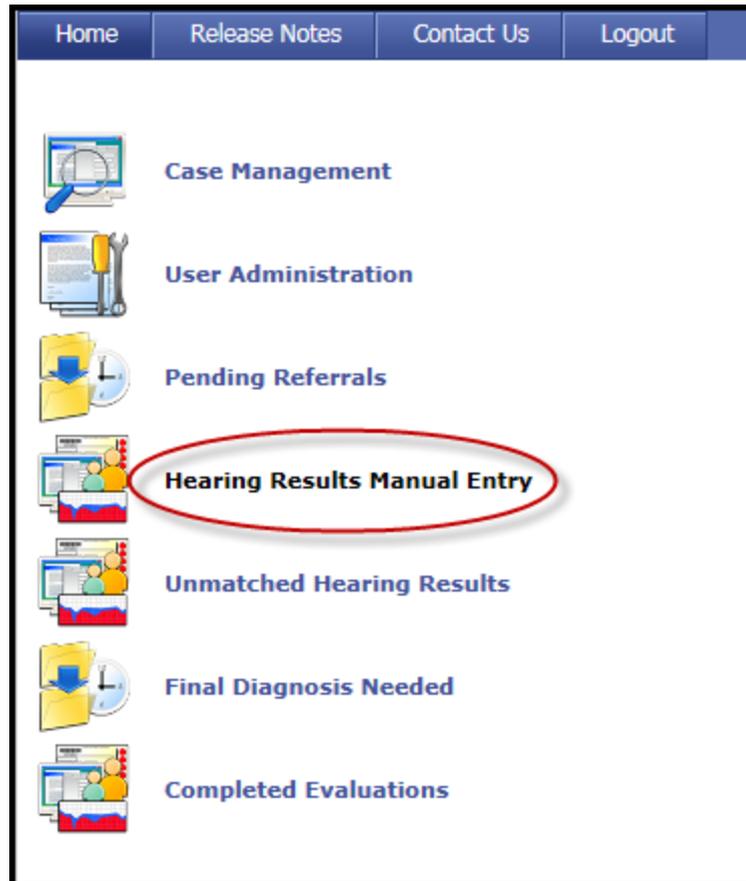
If not performed reason  refused  transferred  <24 hrs.  postnatal echocardiogram performed  prenatal fetal echocardiogram

birth weight < 1500 grams  Other

Final Result

- CHD results are view only
- Click “Select” to view the details

# Hearing Result Manual Entry



Used to enter Out Patient hearing results for babies not found in Case Management lookup

# Hearing Results Manual Entry

## Demographics

### Add Hearing Results Manual Entry

\* Indicates Mandatory Fields for Submit

\*\* Indicates Mandatory Fields for Save or Submit

#### Patient Information

\*\* Medical Record #

Initial FP #

\*\* Infant Last Name

Infant First Name

AKA Last Name

AKA First Name

\* Date of Birth  

\* Gender  

\* Birth Order  

\* NICU  

Out of State Baby  

#### Mother's Information

\*\* Mother Last Name

\*\* Mother First Name

Mother Phone ( ) -

#### Birth Hospital Information

\* Birth Hospital  

- \* Mandatory data for Submit
- \*\* Mandatory data for Save or Submit



Option drop-down



Calendar drop-down



Library lookup

- Enter data and tab between fields

# Hearing Results Manual Entry

## Demographics

### Add Hearing Results Manual Entry

\* Indicates Mandatory Fields for Submit

\*\* Indicates Mandatory Fields for Save or Submit

#### Patient Information

\*\* Medical Record #

Initial FP #

\*\* Infant Last Name

Infant First Name

AKA Last Name

AKA First Name

\* Date of Birth  ▾

\* Gender  ▾

\* Birth Order  ▾

\* NICU  ▾

Out of State Baby

#### Mother's Information

\*\* Mother Last Name

\*\* Mother First Name

Mother Phone

#### Birth Hospital Information

\* Birth Hospital  × ...

Einstein Medical Center Montgomery  
559 West Germantown Pike  
East Norriton, 19403

- Enter, at minimum, mandatory data for Save
- Birth hospital indicates where the infant was born
- Search and select the birth hospital from the iCMS Provider library by clicking the ellipsis ...
- For babies born outside PA, enter Birth Hospital as **H98769** and select **Yes** in the “Out of State Baby” box
- For home births, enter Birth Hospital as **M1227**

# Hearing Results Manual Entry

## Hearing Screen Results

**IP/OP Screening Results**

\* Screen Type

\*\* Screen Provider

    Screener

\* Date of Screening

\* Time of Screening

Date Screening Results Received

\* Result Left Ear

\* Screening Method Left

IP Malformation Left Ear

Family Notified Date

\* Result Right Ear

\* Screening Method Right

IP Malformation Right Ear

PCP Notified Date

Screen Type:	Screen Result:	Screening Method:	IP Malformation:
Inpatient	Missed	ABR	None
Outpatient	Pass	OAE	Atresia
	Refer	N/A	Microtia
	No Show		Both
	Parent Refusal		
	Transferred		
	NMI		
	Expired		

# Hearing Results Manual Entry

## Hearing Screen Results

### Date and Time of Screening - Business Rules

**IP/OP Screening Results**

\* Screen Type

\*\* Screen Provider

Screener

\* Date of Screening  ←

\* Time of Screening  ←

Date Screening Results Received

\* Result Left Ear

\* Screening Method Left

IP Malformation Left Ear

Family Notified Date

\* Result Right Ear

\* Screening Method Right

IP Malformation Right Ear

PCP Notified Date

#### Date of Screening

- **Missed** – Enter the date when the baby was discharged without a hearing screen
- **No show** – Enter the date of the appt. when the family was a no show
- **Parent Refusal** – Enter the date of the parent refusal
- **Transferred** – Enter the date when the baby was transferred
- **NMI** – Enter the date when it was determined that hearing screen could not be performed
- **Expired** – Enter the date when the baby expired

#### Time of Screening

- For the above non-screen results, enter the Time of Screening as **00:00**.

# Hearing Results Manual Entry

## Hearing Screen Results

### Pass Result

#### IP/OP Screening Results

* Screen Type	<input type="text" value="Inpatient"/>		
** Screen Provider	<input type="text" value="Albert Einstein Medical Center - (Philadelphia, PA)"/>		
Screener	<input type="text" value="LH"/>		
* Date of Screening	<input type="text" value="7/15/2017"/>		
* Time of Screening	<input type="text" value="10:14"/>		
Date Screening Results Received	<input type="text"/>		
* Result Left Ear	<input type="text" value="Pass"/>	* Result Right Ear	<input type="text" value="Pass"/>
* Screening Method Left	<input type="text" value="ABR"/>	* Screening Method Right	<input type="text" value="ABR"/>
IP Malformation Left Ear	<input type="text"/>	IP Malformation Right Ear	<input type="text"/>
Family Notified Date	<input type="text"/>	PCP Notified Date	<input type="text"/>

### Refer Result with a Malformation

* Result Left Ear	<input type="text" value="Refer"/>	* Result Right Ear	<input type="text" value="Refer"/>
* Screening Method Left	<input type="text" value="ABR"/>	* Screening Method Right	<input type="text" value="ABR"/>
IP Malformation Left Ear	<input type="text" value="Atresia"/>	IP Malformation Right Ear	<input type="text" value="Atresia"/>

### Non-Screened Result

* Result Left Ear	<input type="text" value="Parent Refusal"/>	* Result Right Ear	<input type="text" value="Parent Refusal"/>
* Screening Method Left	<input type="text" value="N/A"/>	* Screening Method Right	<input type="text" value="N/A"/>

# Hearing Results Manual Entry Appointments

**Appointment Information**

Referred To	<input type="text" value="OP Hearing Screening"/>	Referred Provider	<input type="text" value="aud4163"/>
			The Children's Hospital of Philadelphia, 34th & Civic Ctr Blvd Philadelphia, 19104
Follow-Up Appt Date	<input type="text" value="9/11/2017"/>	Referred To Name	<input type="text" value="Dr. Philly"/>
Follow-Up Appt Time	<input type="text" value="__ : __"/>	Referred To Phone #	<input type="text" value="(555) 555-5555"/>

- **OP Hearing Screen** - needed if IP final results are Refer or Missed
- **Diagnostic Evaluation** - needed if OP final results are Refer
- To submit appointment details, select the appointment type in the “Referred To” drop-down and enter the details

# Hearing Results Manual Entry Appointments

Referred Provider



To Search a Provider, type in a partial name then click the ellipsis

Select Referred Provider ✕

Drag a column header here to group by that column

#	ID#	Type	Description	Last Name	First Name	Address	Address 2	City	Zip Code	Phone	Fax
			the ch								
Select	aud4162	Audiologist	The Children's Hospital of Philadelphia, Specialty Care Center-Brandywine Valley	The Children's Hospital of Philadelphia, Specialty Care Center-Brandywine Valley		819 Baltimore Pike	NULL	Glen Mills	19342	(800) 551-5480	
Select	aud4161	Audiologist	The Children's Hospital of Philadelphia, Specialty Care Center-Bucks County	The Children's Hospital of Philadelphia, Specialty Care Center-Bucks County		500 West Butler Avenue	NULL	Chalfont	18914	(800) 551-5480	
Select	aud4160	Audiologist	The Children's Hospital of Philadelphia, Specialty Care Center-Exton	The Children's Hospital of Philadelphia, Specialty Care Center-Exton		481 John Young Way	NULL	Exton	19341	(800) 551-5480	
Select	aud4159	Audiologist	The Children's Hospital of Philadelphia, Specialty Care Center-King of Prussia	The Children's Hospital of Philadelphia, Specialty Care Center-King of Prussia		950 Pulaski Drive	NULL	King of Prussia	19406	(800) 551-5480	

[Description] Is like 'the ch%' Clear

## Appointment Information

Referred To

Referred Provider

**The Children's Hospital of Philadelphia,  
Specialty Care Center-Brandywine Valley  
819 Baltimore Pike  
Glen Mills, 19342**

Follow-Up Appt Date

Referred To Name

Follow-Up Appt Time

Referred To Phone #

# Hearing Results Manual Entry

## Risk Factors

Hearing Risk Factors Entry	
<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Entered	Caregiver concern regarding hearing, speech, language, or developmental delay.
<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Entered	Family history of permanent childhood hearing loss.
<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Entered	Neonatal intensive care of more than 5 days or any of the following regardless of length of stay: ECMO, assisted ventilation, exposure to ototoxic medications (Gentamicin and tobramycin) or loop diuretics (furosemide/Lasix), and hyperbilirubinemia that requires exchange transfusion.
<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Entered	In utero infections, such as CMV, herpes, rubella, syphilis, and toxoplasmosis.
<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Entered	Craniofacial anomalies, including those that involve the pinna, ear canal, ear tags, ear pits, and temporal bone anomalies.
<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Entered	Physical findings, such as white forelock, that are associated with a syndrome known to include a sensorineural or permanent conductive hearing loss.
<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Entered	Syndromes associated with hearing loss or progressive or late-onset hearing loss, such as neurofibromatosis, osteopetrosis, and Usher syndrome; other frequently identified syndromes include Waardenburg, Alport, Pendred, and Jervell and Lange-Nielson.
<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Entered	Neurodegenerative disorders, such as Hunter syndrome, or sensory motor neuropathies, such as Friedreich ataxia and Charcot-Marie-Tooth syndrome.
<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Entered	Culture-positive postnatal infections associated with sensorineural hearing loss, including confirmed bacterial and viral (especially herpes viruses and varicella) meningitis.
<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Entered	Head trauma, especially basal skull/temporal bone fracture requiring hospitalization.
<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Entered	Chemotherapy.

**If Risk Factors are collected, indicate Risk Factors.**

**Yes - Risk exists**

**No - Risk does not exist**

**Not Entered - Risk is not indicated**

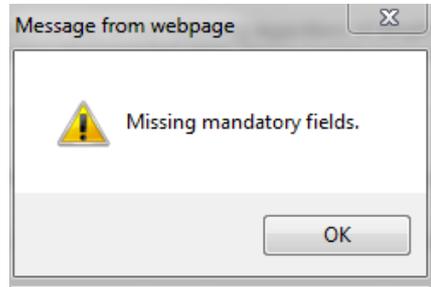
## Hearing Results Manual Entry Prompts

Save	Submit	Cancel	Delete	Submit and Additional
------	--------	--------	--------	-----------------------

[Return to Previous Page](#)

- **Save** – Save incomplete data for re-editing without submitting for match
- **Submit** – Save and submit data for match with filter paper results
  - Note:** A record must be in “Submitted” status to be matched
- **Cancel** – Cancel data entered
- **Delete** – Delete hearing result record (non-matched results only)
- **Submit and Additional** – Submit current record and then duplicate demographics to allow quick entry of another hearing result for the same infant
- **Return To Previous Page** – Discard and return to previous screen

## Hearing Results Manual Entry Prompts



- If a user selects “Submit” and not all mandatory data is entered, a prompt will display
- Click “OK” to return to the Hearing Results Manual Entry screen



### Add Hearing Results Manual Entry

\* Indicates Mandatory Fields for Submit

\*\* Indicates Mandatory Fields for Save or Submit

Date of Screening : This field is required

Time of Screening : This field is required

Screening Method Left : This field is required

Screening Method Right : This field is required

### Patient Information

\*\* Medical Record #

Initial FP #

- Scroll to the top of the screen to view details regarding the missing or incorrect data

# Hearing Results Manual Entry Prompts

Submit Hearing Results

**Patient Information**

\* Medical Record # 1111111  
Initial FP # 7777777

\* Infant Last Name BABYLAST  
Infant First Name  
AKA Last Name  
AKA First Name

\* Date of Birth 7/15/2017  
Gender Female  
Birth Order Not Multiple Birth  
NICU No  
Out of State Baby

**Mother's Information**

\* Mother Last Name BABYLAST  
\* Mother First Name MOM  
Mom Phone

**Birth Hospital Information**

\* Birth Hospital Einstein Medical Center  
Montgomery  
559 West Germantown Pike,  
2nd Floor Nursery  
East Norriton, PA 19403

**IP/OP Screening Results**

\* Screen Type Inpatient  
\* Screen Provider Albert Einstein Medical Center  
- (Philadelphia, PA)  
Screener LH

\* Date of Screening 7/15/2017  
Time of Screening 10:14  
Date Screening Results Received

\* Result Left Ear Pass  
\* Screening Method Left ABR  
IP Malformation Left Ear  
Family Notified Date

\* Result Right Ear Refer  
\* Screening Method Right ABR  
IP Malformation Right Ear  
PCP Notified Date

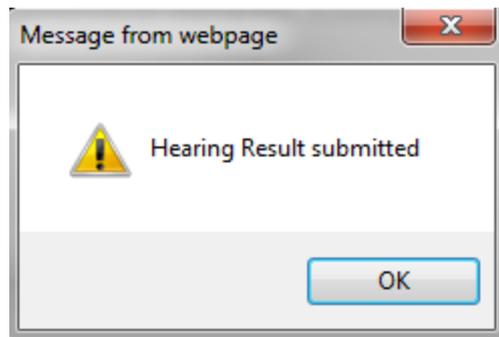
**Appointment Information**

Referred To Diagnostic Evaluation  
Referred Provider aud4162  
Follow-Up Appt Date 8/15/2017  
Referred To Name Dr. Smith  
Follow-Up Appt Time 15:00  
Referred To Phone # (215) 555-5555

**Submit** **Return to Entry**

- Clicking “Submit” or “Submit and Additional” will display this confirmation screen
- Click “Submit” or “Return to Entry”
- In case the results need to be corrected to “Pass”, clear the appointment details first, and then change the results

## Hearing Results Manual Entry Prompts



- Clicking “Save” and then “Submit” will display a confirmation message
- Clicking “Submit and Additional” will display a new form with the same demographics to allow you to enter a rescreen result

## Non-Screened Results

- Non-Screened Results with Method (N/A)
  - Missed
  - Parent Refusal
  - Expired
  - NMI (Not Medically Indicated)
  - Transferred
  - No Show
- Expired, Transferred, Missed and No Show results will auto-fill for both ears

# Unmatched Hearing Results



Displays Out Patient Hearing screens not matched to a case in iCMS

# Unmatched Hearing Results

Unmatched Hearing Results

Export to Excel  Items Overdue

Drag a column header here to group by that column

Select	Med Rec #	Infant Last Name	Infant First Name	AKA Name	DOB	Gender	Birth Order	Birth Hospital	Screening Provi	Mother Last Name	Mother First Name	NICU	Screener	Initial FP #	Screen Date	Screen Time	Result Left	Result Right	Status	CHN
Select	1233	ILNAME			4/5/2019	Female	Not Multiple Bir	Albert Einstein Me	Aberdeen Audic	MLNAME	MFNAME	No			4/5/2019	10:00	Missed	Missed	Saved	TC USER HGB
Select	232111	ILNAME			4/18/2019	Male	Not Multiple Bir	Albert Einstein Me	Aberdeen Audic	MLNAME	MFNAME	No			4/18/2019	11:11	Refer	Pass	Submitted	TC USER HGB

[Return to Landing Page](#)

- Displays results that:
  - have incomplete data to be edited
  - have complete data but have not been matched to a filter paper
- Highlights results that are unmatched for over 10 days
- To view and edit a record, click “Select” next to it

# Unmatched Hearing Results

## Edit Hearing Results Manual Entry

\* Indicates Mandatory Fields for Submit

\*\* Indicates Mandatory Fields for Save or Submit

### Patient Information

\*\* Medical Record #

Initial FP #

\*\* Infant Last Name

Infant First Name

AKA Last Name

AKA First Name

\* Date of Birth  ▼

\* Gender  ▼

\* Birth Order  ▼

\* NICU  ▼

Out of State Baby  ▼

### Mother's Information

\*\* Mother Last Name

\*\* Mother First Name

Mother Phone ( ) -

- The record opens in edit mode
- Make any changes needed
- Scroll to the bottom and select a response
  - **Save**
  - **Submit \*\***
  - **Cancel**
  - **Delete**
  - **Submit and Additional**

\*\* Remember a record must be flagged as Submit to be Matched

## Matching the Hearing Results to the Filter Paper

- Primary Match (Processed Overnight)
  - The system will automatically match a hearing result to a filter paper based on Birth Hospital + MRN
- Secondary Match (Reviewed by CHN)
  - The CHN will review unmatched hearing results and compare demographics to find possible matches
    - Last Name, AKA Name, DOB, Gender, Birth Hospital, Birth Order, Mom Last and Mom First
- Manual Match (Reviewed by CHN)
  - A CHN can manually match a hearing result to any filter paper

## User Administration



Audiologist  
Administrators can:

- Create New Users
- Unlock Users
- Reset Passwords

# User Administration

Add New User

Status: Active Inactive Locked

Drag a column header here to group by that column

Select	User ID	User Name	Full Name	Email	Phone	Last Login	Organization	Audits	Reset Password
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Select	745	JSMITH	Joe Smith	LISA.HUDSON@NAT...	( ) -			Audit	Reset Password
Select	746	SGREEN	Sara Green	LISA.HUDSON@NAT...	( ) -			Audit	Reset Password
Select	680	TCU_CAH	TC User CAH Test Staging	DONI.ANTONELLI@N...	( ) -	7/27/2017 3:25:07 AM		Audit	Reset Password

- Lists all users in your affiliated facilities
- Has color coded entries for active, inactive and locked users

# Add Users

[Add New User](#)

Status: Active Inactive Locked

Drag a column header here to group by that column

Select	User ID	User Name	Full Name	Email	Phone	Last Login	Organization	Audits	Reset Password
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<a href="#">Select</a>	680	TCU_CAH	TC User CAH Test Staging	DONI.ANTONELLI@N... () -		7/27/2017 3:25:07 AM		<a href="#">Audit</a>	<a href="#">Reset Password</a>

- Click “Add New User”

# Add Users

< Prior
Next >

User ID

Roles

Affiliations

Designee

User Information

\* User Name

\* Full Name

*\* Indicates required field*

Save
Cancel

- Enter the user name and full name
- Use the first name initial + last name as the user name
- If the username already exists, add a number at the end, e.g. JSMITH2
- Maximum length is 10
- Click “Next” to Continue

# Add Users

The screenshot shows a web form for adding users. At the top, there are two buttons: "< Prior" and "Next >". Below these are five tabs: "User ID", "Roles", "Affiliations", "Designee", and "User Information". The "Roles" tab is currently selected and highlighted in blue. Under the "Roles" tab, the text "Roles" is followed by a checked checkbox and the label "Audiologist User". At the bottom of the form, there are two buttons: "Save" and "Cancel".

- Select the user's role, which should be limited to:
  - "Audiologist User"
  - Then click "Next"
- Note that Audiologist Admins can only create Audiologist users

# Add Users

< Prior **Next >**

User ID Roles Affiliations **Designee** User Information

**Designees**

Drag a column header here to group by that column

#	ID	Description

No data to display

**Providers**

Drag a column header here to group by that column

#	ID	Description
<b>Add</b>	AUD250	Aberdeen Audiology

Save Cancel

- Select the user’s affiliations by clicking “Add” then click “Next”
- Audiologist Admins can only create users with the same affiliations
- If affiliated to multiple sites, “Add” each one to the new user

# Add Users

< Prior   Next >

User ID   Roles   Affiliations   Designee   **User Information**

\* Indicates Mandatory Field

Phone ( ) -

Fax ( ) -

\* Email joe.smith@aberdeenaudio.com

Title

Organization Aberdeen Audiology

Address

City

\* State PA

\* Zip Code 99999

Active

Save   Cancel

- If the user should receive the Referral email, add the provider as a Designee then click “Next”
- There is no limit to the number of users per facility, however it is suggested you have 2 to 5 designees

# Add Users

< Prior   Next >

User ID   Roles   Affiliations   Designee   **User Information**

\* Indicates Mandatory Field

Phone ( ) -

Fax ( ) -

\* Email joe.smith@aberdeenaudio.com

Title

Organization Aberdeen Audiology

Address

City

\* State PA

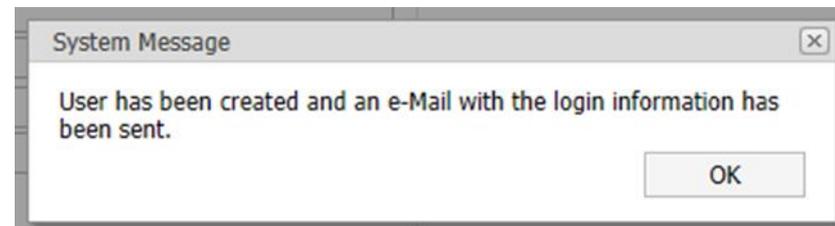
\* Zip Code 99999

Active

Save   Cancel

- Enter the mandatory information including the Organization
- Click “Save”

If the configuration for the user account is correct, a confirmation message will display



# Add Users

The items below require attention:

- It is required to select at least one affiliate.

←

User ID Roles Affiliations Designee **User Information**

\* Indicates Mandatory Field

Phone ( ) -

Fax ( ) -

\* Email joe.smith@childhosp.org

Title

Organization

Address

City

\* State PA

\* Zip Code 19019

Active

Save Cancel

- If any required data is missing, a red prompt will display on the top of the “User Information” Tab
- Enter the missing data, and click “Save” again

# Add Users



- An email will automatically be sent to the new user with their user name and initial temporary password
- The users will have 14 days to setup their new password and security question or the Audiologist Administrator will need to reset the password for them
- Email is sent from [customersupport@neometrics.com](mailto:customersupport@neometrics.com)

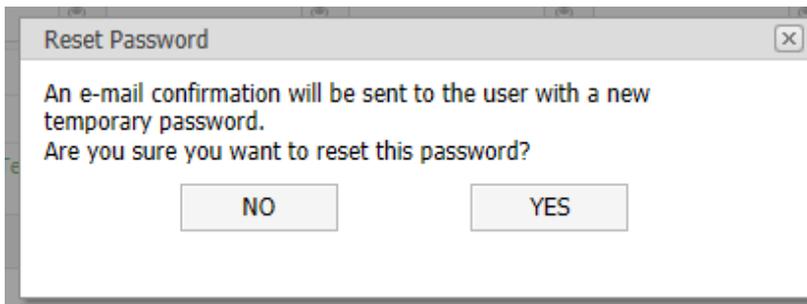
# Reset Password

Add New User

Status: Active Inactive Locked

Drag a column header here to group by that column

Select	User ID	User Name	Full Name	Email	Phone	Last Login	Organization	Audits	Reset Password
Select	1721	da_hspuser	Doni HSP User Test	DONI.ANTONELLI@N...	( ) -	7/10/2017 1:32:56 PM		Audit	Reset Password



- Click “Reset Password” to reset the password for a user
- A prompt will confirm the reset and an email will be sent to the user with their new temporary password

# Unlock User

Add New User

Status: Active Inactive Locked

Drag a column header here to group by that column

Select	User ID	User Name	Full Name	Email	Phone	Last Login	Organization	Audits	Reset Password
<a href="#">Select</a>	1721	da_hspuser	Doni HSP User Test	DONI.ANTONELLI@N...	( ) -	7/10/2017 1:32:56 PM		<a href="#">Audit</a>	<a href="#">Reset Password</a>
<a href="#">Select</a>	1748	jsmith2	John Smith	LISA.HUDSON@NATU...	( ) -			<a href="#">Audit</a>	<a href="#">Reset Password</a>

- If a user has incorrectly entered their password 5 times or their password has expired, the user is locked out and they must notify their admin user to get “unlocked”
- Click “Select” to view the user details
- Click through the configuration tabs until you get to the “User Information” tab

# Unlock User

< Prior   Next >

User ID   Roles   Affiliations   Designee   **User Information**

\* Indicates Mandatory Field

Phone ( ) -

Fax ( ) -

\* Email DONI.ANTONELLI@NATUS.COM

Title

Organization

Address

City

\* State NY

\* Zip Code 11788

Active  ←

Save   Cancel

- Check the “Active” box
- Click “Save”

# Inactivate User

< Prior   Next >

User ID   Roles   Affiliations   **User Information**

\* Indicates Mandatory Field

Phone ( ) -

Fax ( ) -

\* Email LISA.HUDSON@NATUS.COM

Title

Organization

Address

City

\* State PA

\* Zip Code 99999

Active  ←

Save   Cancel

- On the User Information tab, uncheck the “Active” box
- Select “Save”

Status: Active Inactive Locked

Drag a column header here to group by that column

Select	User ID	User Name	Full Name	Email	Phone	Last Login	Organization	Audits	Reset Password
Select	745	JSMITH	Joe Smith	LISA.HUDSON@NAT...	( ) -			Audit	Reset Password
Select	746	SGREEN	Sara Green	LISA.HUDSON@NAT...	( ) -			Audit	Reset Password

## Questions



**Lisa Hudson**

[Lisa.Hudson@Natus.com](mailto:Lisa.Hudson@Natus.com)

**Kelly Holland**

[kholland.pa.gov](mailto:kholland.pa.gov)

717-783-8143

**Charu Pahwa**

[c-chapahwa@pa.gov](mailto:c-chapahwa@pa.gov)

717-547-3336

**Natus Helpdesk**

866-639-3439

## CHN List

Abby Bond – [abbond@pa.gov](mailto:abbond@pa.gov)

Angie Collins – [angcollins@pa.gov](mailto:angcollins@pa.gov)

Janyce Hobart – [jahobart@pa.gov](mailto:jahobart@pa.gov)

Karen Friese – [kfriese@pa.gov](mailto:kfriese@pa.gov)

Debra Smeltz – [desmeltz@pa.gov](mailto:desmeltz@pa.gov)

Kate Withjack – [kwithjack@pa.gov](mailto:kwithjack@pa.gov)

Note: All grids identify the CHN assigned to the record



# Webinar Review Questions

## #1

How are you notified that you were assigned a referral?

- a. Phone
- b. Fax
- c. Email

## #2

True or False:

You can share your login with your co-workers ?

# Webinar Review Questions

## #3

How do you reset your password?

- a. Click the “Forgot Password” button on the landing page
- b. Call the state for assistance
- c. Email the password police

## #4

What are the three grids on your landing page called?

- a. Open Referrals, Open Diagnostics, and Closed Cases
- b. Nina, Pinta and Santa Maria
- c. Pending Referrals, Final Diagnosis Needed and Completed Evaluations

## Webinar Review Questions

### #5

What do you do to acknowledge and complete a referral assigned to your facility?

- a. Check “Referral Received” on the referral
- b. Enter a note in the notebook
- c. Call your CHN
- d. All of the above

### #6

What do you do when you are assigned a referral, but the baby does not come to your facility?

- a. Check “Referral Cancelled” and the Reason on the referral
- b. Enter a note in the notebook
- c. Call your CHN
- d. All of the Above

## Webinar Review Questions

### #7

How do you communicate with a CHN about a particular case?

- a. Call your CHN
- b. Enter a note in the notebook
- c. Email your CHN with the baby information and specific details

### #8

Where can you attach a scanned form to the baby's case ?

- a. Appointments
- b. Notebook
- c. Document Capture

## Webinar Review Questions

### #9

Where can you view the DBS filter paper results?

- a. Laboratory Results
- b. Document Capture
- c. Both a and b

### #10

Can you find any baby born in the state by searching in Case Management ?

- a. Yes- you have access to every baby
- b. No- you can only access a case if a referral was assigned to you or you performed any testing on the baby
- c. No- you only see babies that you completed evaluations for

# Webinar Review Questions

## #11

True or False:

You can revise a diagnostic form that you have previously entered ?

## #12

Who can add user logins and unlock users for your facility?

- a. Your facility administrator
- b. The state
- c. Both a and b

## Audiologist Responsibilities

### Next Steps:

- Create Email with the following:
  - Your name, your email and phone #
  - Your facility name
  - Are you an Administrator ? Are you a Designee?
  - Training Course attended
  - Provide your answers to the 12 Webinar questions  
If you don't have the answers, send email to the address below to request copy of this slide deck
- Send Email with a request for login to the address below:
  - **RA-TCNBSAdmin\_Fax@pa.gov**

# Going Live!

URL: <https://nbs.pa.gov/toolbar/login.aspx?msg=16>

Make sure to:

- TURN OFF Pop Up Blocker  
Tools -> Pop Up Blocker -> Turn Off Pop Up Blocker
- Turn ON Compatibility View Setting  
Tools -> Compatibility View Settings -> Add
- Add pa.gov to your list of Trusted Sites  
Tools -> Internet Options -> Security -> Sites -> Add
- Supported Web Browser: IE v10 or Higher
- If you receive a HTTP 400 or 404 error – clear your cookies and try again