

USER GUIDE FOR AUDIOLOGISTS WHO REPORT DIAGNOSTIC EVALUATION RESULTS TO THE OHIO DEPARTMENT OF HEALTH

All diagnostic results shall be reported to the Director within seven business days. Protocols for hearing evaluation should be consistent with protocols in the recommendations from the Joint Committee on Infant Hearing.

*Instructions for
Completing the
Electronic Hearing
Evaluation Submission
Form*

Electronic Hearing Evaluation Submission Form – Instructions

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Hearing Evaluation Submission Form

Hearing Evaluation Submission Form HiTrack
EHDI Data Management System

Child Demographics

Patient ID: Birth Date: Birth Facility:

Name-Last: Time: : Gest. Age: ICU Days:

First: Birth Order: Gender:

Middle: Alt. ID: Physician:

Contact Info

Last: First: Birth Date:

Phone: Zip Code: ☒ Birth Mother

Visit Details

Audiologist: State HT Code: Dx Facility:

Test Date: Test Stage: Note:

▶ Hearing Disposition
▶ DxABR
▶ OAE
▶ Tympanometry
▶ Behavioral
▶ Screening

Diagnostic Tests ←

Data Entry by:











This is a screenshot of the Hearing Evaluation Submission Form. This page appears after clicking the web link.

*****Once you begin a record, you have approximately 20 minutes to complete the fields and submit the information. After 20 minutes, the form will reset.**

Child Demographics/Contact Info/Visit Details

Complete required fields highlighted in purple

The submission form cannot be saved and submitted to ODH without data entered into mandatory fields.

Child Demographics			
Patient ID:	<input type="text"/>	Birth Date:	<input type="text"/> 
Birth Facility:		<input type="text" value="Adena Regional Medical Cen"/> 	
Name-Last:	<input type="text"/>	Time:	<input type="text" value="00"/>  <input type="text" value="00"/> 
Gest. Age:		<input type="text"/>	
ICU Days:		<input type="text"/>	
First:	<input type="text"/>	Birth Order:	<input type="text" value="S-Single"/> 
Gender:		<input type="text" value="-"/> 	
Middle:	<input type="text"/>	Alt. ID:	<input type="text"/>
Physician:		<input type="text"/>	
Contact Info			
Last:	<input type="text"/>	First:	<input type="text"/>
Birth Date:		<input type="text"/> 	
Phone:	<input type="text"/>	Zip Code:	<input type="text"/>
		<input checked="" type="checkbox"/> Birth Mother	
Visit Details			
Audiologist:	<input type="text"/>	State HT Code:	<input type="text"/>
Dx Facility:		<input type="text" value="Adena Regional Medical Cen"/> 	
Test Date:	<input type="text" value="1/20/2016"/> 	Test Stage:	<input type="text" value="Diagnostic Evaluation"/> 
Note:		<input type="text"/>	

Mandatory Fields are used to match incoming diagnostic results to an existing record in the HT database.

These fields are highlighted in PURPLE.

If mandatory fields are not completed, you will receive an error message when you try to submit the form through the web-link.

Child Demographics

Patient ID

Use the ID generated by your facility for each patient whose information is submitted.

Birth Date

Use the calendar icon to select the date of birth.

Birth Facility

Choose the name of the facility where the baby was born from the dropdown list or select Homebirth for babies not born in a hospital. Select "Out of State" or "Out of Country" for babies not born in Ohio.

Name

Enter the baby's full name: Last name, First name and Middle name, if known.

When entering the baby's name, use hyphens and dashes where appropriate.

- ✓ **The spelling must be entered exactly as the name appears on the birth certificate.**
- ✓ **If not, the results will not be matched to an existing record in HI TRACK.**

Contact Information

Name

Enter the Last name and First name of the person bringing the baby to the appointment

Birthdate

Optional

Phone number and Zip Code

No specific format required

Uncheck the box for birth mother if the information entered is for someone other than the birth mother.

IMPORTANT - If you do not uncheck the box, and the information entered is for someone other than the birth mother, the information you submit will override what is listed in our database.

Visit Details

Audiologist

Enter the username sent via email exactly as shown in the email.

State HT Code

This is your password. Enter the password exactly as shown in the email you receive.

*****Enter the username and password into the appropriate fields on the submission form exactly as shown in the email you receive. Incorrect entries result in records that cannot be submitted through the web link.**

Dx Facility

Select your facility name from the Dropdown menu.

Test Date

Use the calendar icon to select the date of the evaluation.

Test Stage

Leave the default setting "Diagnostic Evaluation".


Note

Pertinent information of up to 300 characters can be entered.

- ✓ Reason for evaluation: UNHS refer, re-admit, risk factors, physician referral, ototoxic meds, high bilirubin, parental concern, etc.
- ✓ Relationship of the person bringing the baby to the appointment if not the parent
- ✓ The baby state while testing
- ✓ Test results needing clarification
- ✓ Date of next appointment
- ✓ Recommendations, referrals
- ✓ No shows/cancelled appointments

Hearing Disposition

Hearing Evaluation Submission Form



Child Demographics

Patient ID: Birth Date: Birth Facility:
Name-Last: Time: : Gest. Age: ICU Days:
First: Birth Order: Gender:
Middle: Alt. ID: Physician:

Contact Info

Last: First: Birth Date:
Phone: Zip Code: ☒ Birth Mother

Visit Details

Audiologist: State HT Code: Dx Facility:
Test Date: Test Stage: Note:

▼ Hearing Disposition

Ear: Right	Ear: Left
Degree of Loss: <input type="text" value="Moderate-Severe"/>	Degree of Loss: <input type="text" value="[blank]"/>
Type of Loss: <input type="text" value="Undetermined"/>	Type of Loss: <input type="text" value="N/A (No Loss)"/>
Configuration of Loss: <input type="text" value="[blank]"/>	Configuration of Loss: <input type="text" value="[blank]"/>
<input type="checkbox"/> Confirmed	<input type="checkbox"/> Confirmed

- DxABR
- OAE
- Tympanometry
- Behavioral
- Screening

The hearing disposition section summarizes the overall results of the diagnostic evaluation.

Three fields: 1)degree of loss, 2)type of loss and 3)configuration of loss.

Checkbox for Confirmed if the results are final.

Degree of Loss – Select the appropriate choice from the dropdown menu. Use “Undetermined” if the test results are inconclusive.

▼ Hearing Disposition

Ear: Right

Degree of Loss: [blank]

Type of Loss: Slight

Configuration of Loss: Mild-Moderate

Ear: Left

Degree of Loss: [blank]

Type of Loss: N/A (No Loss)

Configuration of Loss: [blank]

► DxABR

► OAE

► Tympanometry

☐ Confirmed

Type of Loss – Select the appropriate type of loss from the dropdown menu. Use “Undetermined” if the test results are inconclusive.

▼ Hearing Disposition

Ear:

Degree of Loss: [blank]

Type of Loss: N/A (No Loss)

Configuration of Loss: Undetermined

Ear: Left

Degree of Loss: [blank]

Type of Loss: N/A (No Loss)

Configuration of Loss: [blank]

☐ Confirmed

Configuration of Loss – Select the appropriate configuration from the dropdown menu.
If the configuration of the loss is not known, use the default entry – [blank].

▼ Hearing Disposition

Ear: Right

Degree of Loss: Moderate-Severe ▼

Type of Loss: Undetermined ▼

Configuration of Loss: [blank] ▼

Cookie Bite

Flat

High Frequency

Left Corner

N/A

Rising

Sloping

Ear: Left

Degree of Loss: [blank] ▼

Type of Loss: N/A (No Loss) ▼

Configuration of Loss: [blank] ▼

☐ Confirmed

► DxABR

► OAE

CONFIRMED – Check the confirmed box if the results are complete and final – IMPORTANT STEP
Hearing is within normal limits or a **permanent** hearing loss is identified, even if only for one ear.
Do not confirm results when the degree or type of loss is “Undetermined”.

▼ Hearing Disposition

Ear: Right

Degree of Loss: [blank] ▼

Type of Loss: N/A (No Loss) ▼

Configuration of Loss: [blank] ▼

☐ Confirmed

Ear: Left

Degree of Loss: [blank] ▼

Type of Loss: N/A (No Loss) ▼

Configuration of Loss: [blank] ▼

☐ Confirmed



Diagnostic ABR

TONE

BURSTS

CLICKS

▼ DxABR

Ear: Right ▼				Ear: Left ▼				Ear: Right ▼				Ear: Left ▼			
Conduction: ▼				Conduction: ▼				Conduction: ▼				Conduction: ▼			
Stimulus: ▼				Stimulus: ▼				Stimulus: ▼				Stimulus: ▼			
Scale: ▼				Scale: ▼				Scale: ▼				Scale: ▼			
Hz	Value	Qualifier	Masked	Hz	Value	Qualifier	Masked	Hz	Value	Qualifier	Masked	Hz	Value	Qualifier	Masked
250	<input type="text"/>	▼	<input type="checkbox"/>	250	<input type="text"/>	▼	<input type="checkbox"/>	250	<input type="text"/>	▼	<input type="checkbox"/>	250	<input type="text"/>	▼	<input type="checkbox"/>
500	<input type="text"/>	▼	<input type="checkbox"/>	500	<input type="text"/>	▼	<input type="checkbox"/>	500	<input type="text"/>	▼	<input type="checkbox"/>	500	<input type="text"/>	▼	<input type="checkbox"/>
1000	<input type="text"/>	▼	<input type="checkbox"/>	1000	<input type="text"/>	▼	<input type="checkbox"/>	1000	<input type="text"/>	▼	<input type="checkbox"/>	1000	<input type="text"/>	▼	<input type="checkbox"/>
2000	<input type="text"/>	▼	<input type="checkbox"/>	2000	<input type="text"/>	▼	<input type="checkbox"/>	2000	<input type="text"/>	▼	<input type="checkbox"/>	2000	<input type="text"/>	▼	<input type="checkbox"/>
4000	<input type="text"/>	▼	<input type="checkbox"/>	4000	<input type="text"/>	▼	<input type="checkbox"/>	4000	<input type="text"/>	▼	<input type="checkbox"/>	4000	<input type="text"/>	▼	<input type="checkbox"/>
Wave V	<input type="text"/>	▼	<input type="checkbox"/>	Wave V	<input type="text"/>	▼	<input type="checkbox"/>	Wave V	<input type="text"/>	▼	<input type="checkbox"/>	Wave V	<input type="text"/>	▼	<input type="checkbox"/>

Qualifier

No Response

Greater Than

Less Than

Use the dropdown menus for each of the following categories:

- Ear - Select Right or Left,
- Conduction - Select Air or Bone
- Stimulus - Select Click (Wave V) or Tone (250 Hz - 4000 Hz)
- Scale - Select db nHL, db eHL, or unspecified

To complete the results section:

Value - enter either the threshold response or the lowest level tested


Qualifier

- Leave the qualifier field blank - Waveform morphology at indicated value (dB level) is clear.
- Select "no response" - No observable waveform at indicated value (dB level).
- Select "greater than" or "lesser than" - Exact dB/HL is unknown.

Masked - Check the box for each frequency masking was used.

Diagnostic OAE

Hearing Evaluation Submission Form



Child Demographics

Patient ID: Birth Date: Birth Facility:

Name-Last: Time: Gest. Age: ICU Days:

First: Birth Order: Gender:

Middle: Alt. ID: Physician:

Contact Info

Last: First: Birth Date:

Phone: Zip Code: ☒ Birth Mother

Visit Details

Audiologist: State HT Code: Dx Facility:

Test Date: Test Stage: Note:

Hearing Disposition

Ear: Right	Ear: Left
Degree of Loss: <input type="text" value="[blank]"/>	Degree of Loss: <input type="text" value="[blank]"/>
Type of Loss: <input type="text" value="N/A (No Loss)"/>	Type of Loss: <input type="text" value="N/A (No Loss)"/>
Configuration of Loss: <input type="text" value="[blank]"/>	Configuration of Loss: <input type="text" value="[blank]"/>
<input type="checkbox"/> Confirmed	<input type="checkbox"/> Confirmed

► DxABR

▼ OAE

Ear: <input type="text" value="Right"/>	Ear: <input type="text" value="Left"/>	Ear: <input type="text" value="Right"/>	Ear: <input type="text" value="Left"/>
Type: <input type="text"/>	Type: <input type="text"/>	Type: <input type="text"/>	Type: <input type="text"/>
Result: <input type="text"/>	Result: <input type="text"/>	Result: <input type="text"/>	Result: <input type="text"/>

► Tympanometry

► Behavioral

► Screening

Clear Form

Data Entry by:

The Diagnostic OAE section is not frequency specific. Only the overall results are entered. You can enter two sets of Diagnostic OAE results.

Ear: <input type="text" value="Right"/>	Ear: <input type="text" value="Left"/>	Ear: <input type="text" value="Right"/>	Ear: <input type="text" value="Left"/>
Type: <input type="text"/>	Type: <input type="text"/>	Type: <input type="text"/>	Type: <input type="text"/>
Result: <input type="text"/>	Result: <input type="text"/>	Result: <input type="text"/>	Result: <input type="text"/>

To complete the Diagnostic OAE section, use the dropdown menu in each category:

Ear – Right, Left

Type –TEOAE, DPOAE, OAE

Result –Pass, Refer, Invalid, Could Not Test

Invalid - equipment issues, baby moving or crying too much to obtain a response

Could Not Test – ear anomaly, drainage from the ear canal

Please disregard the A-ABR selection in the dropdown menu.

Ear: <input type="text" value="Right"/>	Ear: <input type="text" value="Left"/>	Ear: <input type="text" value="Right"/>	Ear: <input type="text" value="Left"/>
Type: <input type="text"/>	Type: <input type="text"/>	Type: <input type="text"/>	Type: <input type="text"/>
Result: <input type="text"/>	Result: <input type="text"/>	Result: <input type="text"/>	Result: <input type="text"/>

Tympanometry

Hearing Evaluation Submission Form HiTrack
EHR Data Management System

Child Demographics

Patient ID: Birth Date: Birth Facility:
Name-Last: Time: : Gest. Age: ICU Days:
First: Birth Order: Gender:
Middle: Alt. ID: Physician:

Contact Info

Last: First: Birth Date:
Phone: Zip Code: ☒ Birth Mother

Visit Details

Audiologist: State HT Code: Dx Facility:
Test Date: Test Stage: Note:

Hearing Disposition

Ear: Right	Ear: Left
Degree of Loss: <input type="text" value="[blank]"/>	Degree of Loss: <input type="text" value="[blank]"/>
Type of Loss: <input type="text" value="N/A (No Loss)"/>	Type of Loss: <input type="text" value="N/A (No Loss)"/>
Configuration of Loss: <input type="text" value="[blank]"/>	Configuration of Loss: <input type="text" value="[blank]"/>
<input type="checkbox"/> Confirmed	<input type="checkbox"/> Confirmed

DxABR

OAE

Tympanometry

Ear: <input type="text" value="Right"/> Type: <input type="text"/> Result: <input type="text"/>	Ear: <input type="text" value="Left"/> Type: <input type="text"/> Result: <input type="text"/>	Ear: <input type="text" value="Right"/> Type: <input type="text"/> Result: <input type="text"/>	Ear: <input type="text" value="Left"/> Type: <input type="text"/> Result: <input type="text"/>
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Behavioral

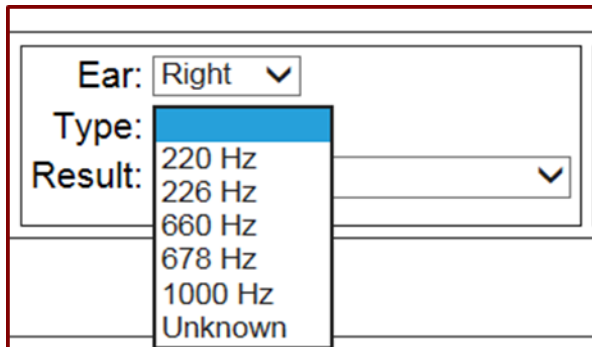
Screening

Two sets of tympanometry results can be entered.

Dropdown menus are available for each field.

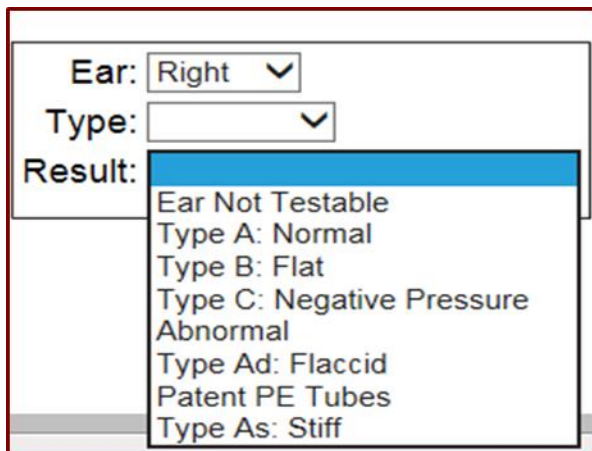
Ear – Right, Left

Frequency type: 220 Hz, 226 Hz, 660 Hz, 678 HZ, 1000 Hz, and Unknown



A screenshot of a form with three dropdown menus. The first dropdown, labeled 'Ear:', has 'Right' selected. The second dropdown, labeled 'Type:', is open, showing a list of frequency types: 220 Hz, 226 Hz, 660 Hz, 678 Hz, 1000 Hz, and Unknown. The third dropdown, labeled 'Result:', is also open, showing a list of test results: Ear Not Testable, Type A: Normal, Type B: Flat, Type C: Negative Pressure, Abnormal, Type Ad: Flaccid, Patent PE Tubes, and Type As: Stiff.

Results: Ear Not Testable, Normal, Flat, Negative Pressure, Abnormal, Flaccid, Patent PE Tubes, and Stiff.



A screenshot of a form with three dropdown menus. The first dropdown, labeled 'Ear:', has 'Right' selected. The second dropdown, labeled 'Type:', is open, showing a list of frequency types: 220 Hz, 226 Hz, 660 Hz, 678 Hz, 1000 Hz, and Unknown. The third dropdown, labeled 'Result:', is also open, showing a list of test results: Ear Not Testable, Type A: Normal, Type B: Flat, Type C: Negative Pressure, Abnormal, Type Ad: Flaccid, Patent PE Tubes, and Type As: Stiff.

Behavioral Testing

▼ Behavioral

Ear: Right				Ear: Left				Ear: Right				Ear: Left			
Conduction: 		Type: 		Conduction: 		Type: 		Conduction: 		Type: 		Conduction: 		Type: 	
kHz	dB HL	Qualifier	Masked	kHz	dB HL	Qualifier	Masked	kHz	dB HL	Qualifier	Masked	kHz	dB HL	Qualifier	Masked
0.5	<input type="text"/>	▼	<input type="checkbox"/>	0.5	<input type="text"/>	▼	<input type="checkbox"/>	0.5	<input type="text"/>	▼	<input type="checkbox"/>	0.5	<input type="text"/>	▼	<input type="checkbox"/>
1	<input type="text"/>	▼	<input type="checkbox"/>	1	<input type="text"/>	▼	<input type="checkbox"/>	1	<input type="text"/>	▼	<input type="checkbox"/>	1	<input type="text"/>	▼	<input type="checkbox"/>
2	<input type="text"/>	▼	<input type="checkbox"/>	2	<input type="text"/>	▼	<input type="checkbox"/>	2	<input type="text"/>	▼	<input type="checkbox"/>	2	<input type="text"/>	▼	<input type="checkbox"/>
3	<input type="text"/>	▼	<input type="checkbox"/>	3	<input type="text"/>	▼	<input type="checkbox"/>	3	<input type="text"/>	▼	<input type="checkbox"/>	3	<input type="text"/>	▼	<input type="checkbox"/>
4	<input type="text"/>	▼	<input type="checkbox"/>	4	<input type="text"/>	▼	<input type="checkbox"/>	4	<input type="text"/>	▼	<input type="checkbox"/>	4	<input type="text"/>	▼	<input type="checkbox"/>
6	<input type="text"/>	▼	<input type="checkbox"/>	6	<input type="text"/>	▼	<input type="checkbox"/>	6	<input type="text"/>	▼	<input type="checkbox"/>	6	<input type="text"/>	▼	<input type="checkbox"/>
8	<input type="text"/>	▼	<input type="checkbox"/>	8	<input type="text"/>	▼	<input type="checkbox"/>	8	<input type="text"/>	▼	<input type="checkbox"/>	8	<input type="text"/>	▼	<input type="checkbox"/>
	dB HL	Qualifier	Masked		dB HL	Qualifier	Masked		dB HL	Qualifier	Masked		dB HL	Qualifier	Masked
SRT	<input type="text"/>	▼	<input type="checkbox"/>	SRT	<input type="text"/>	▼	<input type="checkbox"/>	SRT	<input type="text"/>	▼	<input type="checkbox"/>	SRT	<input type="text"/>	▼	<input type="checkbox"/>
SAT	<input type="text"/>	▼	<input type="checkbox"/>	SAT	<input type="text"/>	▼	<input type="checkbox"/>	SAT	<input type="text"/>	▼	<input type="checkbox"/>	SAT	<input type="text"/>	▼	<input type="checkbox"/>
	% Correct	Qualifier	Masked		% Correct	Qualifier	Masked		% Correct	Qualifier	Masked		% Correct	Qualifier	Masked
SD	<input type="text"/>	▼	<input type="checkbox"/>	SD	<input type="text"/>	▼	<input type="checkbox"/>	SD	<input type="text"/>	▼	<input type="checkbox"/>	SD	<input type="text"/>	▼	<input type="checkbox"/>

▼ Screening

Clear Form

Data Entry by:
Print Form
Submit

To complete the Behavioral Testing section, use the dropdown menus:

Ear – Right, Left, or Soundfield

Conduction – Air or Bone

Type – Conventional, BOA, Play, VRA

Qualifier –

If the reliability of the response is good, leave the qualifier field empty.

Select “no response” - No observable response is demonstrated.

Select “greater than” or “lesser than” - Exact dB level is unknown.

Masked - Check the box under Masked for each frequency tested using masking.

Available speech tests include:

- SRT - Speech Reception Threshold
- SAT - Speech Awareness Threshold
- SD - Speech Discrimination

Ear:

Right

Conduction:

Type:

kHz	dB HL	Qualifier	Masked
0.5	<div></div>	<div>No Response</div>	<div></div>
1	<div></div>	<div>Greater than</div>	<div></div>
2	<div></div>	<div>Less than</div>	<div></div>
3	<div></div>	<div></div>	<div></div>
4	<div></div>	<div></div>	<div></div>
6	<div></div>	<div></div>	<div></div>
8	<div></div>	<div></div>	<div></div>

	dB HL	Qualifier	Masked
SRT	<div></div>	<div></div>	<div></div>
SAT	<div></div>	<div></div>	<div></div>

	% Correct	Qualifier	Masked
SD	<div></div>	<div></div>	<div></div>

Outpatient Screening

▼ Screening

Screening Stage: Inpatient
Outpatient

Ear: Right	Ear: Left	Ear: Right	Ear: Left
Type: 	Type: 	Type: 	Type:
Result: 	Result: 	Result: 	Result:

Outpatient screening is used ONLY when recording the screening results of babies that missed their hospital hearing screening, babies born at home, or babies receiving physician referrals for an additional screening i.e., following a medical condition.

Select "Outpatient" from the dropdown list.

- ✓ Important step because the default setting is for Inpatient screening.

▼ Screening

Screening Stage: Inpatient

Ear: Right	Ear: Left	Ear: Right	Ear: Left
Type: 	Type: 	Type: 	Type:
Result: 	Result: 	Result: 	Result:

▼ Screening

Screening Stage: Inpatient

Ear: Right	Ear: Left	Ear: Right	Ear: Left
Type: 	Type: 	Type: 	Type:
Result: 	Result: 	Result: 	Result:

Select:

Screening Stage – Outpatient

Ear – Right, Left

Type – TEOAE, DPOAE, A-ABR, OAE

Result – Pass, Refer, Invalid, Ear Not Testable

Invalid - equipment issues, baby moving or crying too much to obtain a response

Could Not Test – ear anomaly, drainage from the ear canal

*****When outpatient screening results (with or without tympanometry) are recorded, do not complete the hearing disposition section.**

*****Do not use Outpatient Screening if you are entering diagnostic information in other parts of the submission form, even if your test battery includes a screening.**

Clear Form, Print and Submit

Hearing Evaluation Submission Form

Child Demographics

Patient ID: Birth Date: Birth Facility: Adena Regional Medical Cen

Name-Last: Time: 00:00 Gest. Age: ICU Days:

First: Birth Order: S-Single Gender: -

Middle: Alt. ID: Physician:

Contact Info

Last: First: Birth Date:

Phone: Zip Code: ☒ Birth Mother

Visit Details

Audiologist: State HT Code: Dx Facility: Adena Regional Medical Cen

Test Date: 1/20/2016 Test Stage: Diagnostic Evaluation Note:

► Hearing Disposition
► DxABR
► OAE
► Tympanometry
► Behavioral
► Screening

Clear Form

Data Entry by: Print Form Submit

Clear Form - Use "Clear Form" to delete information.

Data Entry by: - Record the name of the person who entered the results.

Print Form - Use the Print Form button to keep a hard copy of the report (optional).

Submit - Click the "SUBMIT" button to send electronic results to ODH.

Contact Information

For questions about this training, quality assurance reporting or questions about diagnostic evaluations, please contact, Sheryl Silver, Ph.D., Public Health Audiologist.

Sheryl.Silver@odh.ohio.gov or (614) 728-4676

For programmatic questions related to Infant Hearing, contact Allyson Van Horn, MPH, M.Ed., Infant Hearing Supervisor.

Allyson.Vanhorn@odh.ohio.gov or (614) 728-6785