

Follow-up to the Infinity

Presenters:

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Objective

Share an overview of the Virginia Early Hearing Detection and Intervention (VA EHDI) follow-up process and online tracking system.

Introduction

- Virginia Infant Screening Infant Tracking System (VISITS)
 - Hospital Staff
 - Birthing Facility Providers
 - Audiologists
 - Early Intervention Providers
 - Primary Care Providers



Virginia Vital Events and Screening Tracking System (VVESTS)



[Birth Certificate Reporting](#)



[Virginia Infant Screening and Infant Tracking System](#)

*** Please note that EBC help desk contact information has recently changed. For EBC Support please contact the Help Desk at E-mail - oim_webappshelp@vdh.virginia.gov; or call us at (804)864-7200 and select option 2; FAX - (804)864-7155**

[Change Facility](#)

[Messages \(0 New\)](#)

[Edit Profile](#)

[Logout](#)

For all EDRS, EBC and VISITS related queries, please contact the Help Desk at E-mail - oim_webappshelp@vdh.virginia.gov; or call us at (804) 864 - 7200 and select option 2; FAX - (804) 864 - 7155.

Warning: This system is for official Virginia Department of Health use and may only be accessed by users that are currently authorized by the Division of Vital Records and Division of Child and Adolescent Health. Unauthorized use, access or modification of this system or any data stored within is a criminally prosecutable offense. Any attempts at unauthorized access or data editing are logged and strictly prohibited. All usage of this system is monitored and audited, and, by accessing this system, all users consent to these activities.

[HELP](#)

FRXVIT

- Infant Search
- Pending Children

Reports/Letters

- Hearing Letters
- VDH Hearing Reports
- VDH Reports
- AUD/RSCR Reports
- Hospital Hearing Reports
- Hospital Reports - At-Risk
- Hearing Extract
- VaCARES Letters
- VaCARES Reports
- VaCARES Extract
- CCHD Extract
- No VaCARES Cases
- Hospital Quarterly Report
- Upload

- Main Menu
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Pending Newborn Hearing/Discharge Information

NOTE: This page allows you to enter Pass/Pass results or update NICU flag but not both at the same time.

Please contact VDH-OFHS office to remove a child from this Pending Children in NICU list, if added accidentally

Hide NICU Children

- On
 Off

	Child ID	Medical Record Number	Child Name	Date of Birth mm/dd/yyyy	Pass/ Pass	Screening Test	Screening Date mm/dd/yyyy	in NICU for > 30 days	
1.	16999	96666	JENKINS, SAMANTHA CELINE	02/19/2019	<input checked="" type="checkbox"/>	Automated Auditory Brainstem Response	02/28/2019	<input type="checkbox"/>	Child Info
2.	9474	3399555	HOUSELY, ANDREW COLE	11/14/2018	<input type="checkbox"/>	Auditory Brainstem Response		<input type="checkbox"/>	Child Info

Submit Undo

[HELP](#)

- Automated Auditory Brainstem Response
- Automated Distortion Product Otoacoustic Emission
- Automated Transient Evoked Otoacoustic Emission
- Distortion Product Otoacoustic Emission
- OAE AND ABRA/ABR
- Other 2 Stage Process
- Transient Evoked Otoacoustic Emission

VIUNHS



Special Circumstances
02/15/2019
TEST

Child's Name : HOUSELY, ANDREW COLE Child Id : 9474
Date of Birth : 11/14/2018
Region : CCC CENTRAL VIRGINIA

Pending Reg. Entry
None

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Mother Info				Edit
First Name : ANGEL	Middle Name : MICHELLE	Last Name : HOUSELY	Maiden Name : TUCKER	
DOB : 11/14/1980	Birth Place : District of Columbia	Primary Contact : YES		
Hispanic Origin : NON-HISPANIC	Race : BLACK OR AFRICAN AMERICAN			
Address: 123 HOOPS DR RICHMOND VIRGINIA 23278				

Father/Parent II Info				Edit
First Name : ANTHONY	Middle Name : ROBERT	Last Name : HOUSELY	Suffix :	
DOB : 01/19/1983	Birth Place : District of Columbia	Gender : MALE		
Hispanic Origin : NON-HISPANIC	Race : ASIAN INDIAN			
Address:				

Child Info				Edit
First Name : ANDREW	Middle Name : COLE	Last Name : HOUSELY	Suffix :	
Date Of Birth : 11/14/2018	Time Of Birth : 10:23	Gender : MALE		
Plurality : Single	Birth Order : 1	Medical Record Number : 3399555		
Race :	Ethnicity : UNKNOWN			
Place of Birth: HOSPITAL	Hospital Name: BON SECOURS ST. MARY'S HOSPITAL			
Address: 5801 BREMO ROAD RICHMOND VIRGINIA 23226				
Cumulative Days in NICU:				

Provider Info		Edit
Hospital/Facility: ACCOMAC COUNTY - LOCAL HEALTH DEPARTMENT	Address: 1138 ROSE HILL DR CHARLOTTESVLE VIRGINIA 22906	

Note: CHILD'S record and SCREENINGS information will be deactivated if you click on the De-activate button.

Reason for De-activate:

De-activate

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Discharge Summary

Medical Record No. Discharged Before Screening: **

Reason Not Screened: * Discharged to Home Date: * (mm/dd/yyyy)

Hospital Transferred To: * L Transferred Date: * (mm/dd/yyyy)

Reported By: ** L

Risk Indicators		
S No.	Hearing Risk Indicators	Comments
1.	<input type="checkbox"/> Family history of permanent childhood hearing loss.	<input type="checkbox"/> Mother of child <input type="checkbox"/> Father of child <input type="checkbox"/> Brother of child <input type="checkbox"/> Sister of child <input type="checkbox"/> Grandfather of child <input type="checkbox"/> Grandmother of child <input type="checkbox"/> Aunt of child <input type="checkbox"/> Uncle of child <input type="checkbox"/> 1st cousin of child <input type="checkbox"/> More than one relative of the same parent
2.	<input type="checkbox"/> Stigmata or other findings associated with a syndrome known to include a sensorineural or conductive hearing loss or Eustachian tube dysfunction.	<input type="checkbox"/> Branchio-oto-renal (BOR) <input type="checkbox"/> CHARGE association <input type="checkbox"/> Goldenhar (oculo-auriculo-vertebral or OAV) <input type="checkbox"/> Noonan <input type="checkbox"/> Pierre Robin <input type="checkbox"/> Rubenstein-Taybi <input type="checkbox"/> Stickler <input type="checkbox"/> Trisomy 21, 18, 13, 9, or 8 <input type="checkbox"/> Williams <input type="checkbox"/> Zellweger <input type="checkbox"/> Trisomy 21 (Down Syndrome) <input type="checkbox"/> Trisomy 18 (Edwards Syndrome)

[Confirm Change](#) [Undo](#)

[HELP](#)

VIUDSS

Created By: DSANGHANI [BON SECOURS ST. MARY'S HOSPITAL] Created Date: 01/23/2019 11:42:10

Discharge Summary

Medical Record No. Discharged Before Screening: **

Reason Not Screened: * Discharged to Home Date: * (mm/dd/yyyy)

Hospital Transferred To: * L Transferred Date: * (mm/dd/yyyy)

Reported By:

Risk Indicators		
S No.	Hearing Risk Indicators	Comments
1.	<input type="checkbox"/> Family history of permanent childhood hearing loss.	<input type="checkbox"/> Mother of child <input type="checkbox"/> Father of child <input type="checkbox"/> Brother of child <input type="checkbox"/> Sister of child <input type="checkbox"/> Grandfather of child <input type="checkbox"/> Grandmother of child <input type="checkbox"/> Aunt of child <input type="checkbox"/> Uncle of child <input type="checkbox"/> 1st cousin of child <input type="checkbox"/> More than one relative of the same parent
2.	<input type="checkbox"/> Stigmata or other findings associated with a syndrome known to include a sensorineural or conductive hearing loss or Eustachian tube dysfunction.	<input type="checkbox"/> Branchio-oto-renal (BOR) <input type="checkbox"/> CHARGE association <input type="checkbox"/> Goldenhar (oculo-auriculo-vertebral or OAV) <input type="checkbox"/> Noonan <input type="checkbox"/> Pierre Robin <input type="checkbox"/> Rubenstein-Taybi <input type="checkbox"/> Stickler <input type="checkbox"/> Trisomy 21, 18, 13, 9, or 8 <input type="checkbox"/> Williams <input type="checkbox"/> Zellweger <input type="checkbox"/> Trisomy 21 (Down Syndrome) <input type="checkbox"/> Trisomy 18 (Edwards Syndrome)

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VIUDSS

Created By: DSANGHANI [BON SECOURS ST. MARY'S HOSPITAL] Created Date: 02/15/2019 11:32:06

Report

Initial Hearing Screening

Screening Date:	<input type="text" value="01/23/2019"/> ** (mm/dd/yyyy)	Screening Setting:	<input type="text" value="In-patient"/> **
Screening Test:	<input type="text" value="Automated Auditory Brainstem Response"/> **	Person Administering Screening:	<input type="text" value="STAFF"/> **
Birth Setting:	<input type="text"/>	Date Received:	<input type="text"/> * (mm/dd/yyyy)
Right Ear Results:	<input type="text" value="Failed"/> **	Reported By:	<input type="text" value="BON SECOURS ST. MARY'S HOS"/> ** L
Left Ear Results:	<input type="text" value="Failed"/> **	Next Appointment Facility:	<input type="text" value="AUDIOLOGY ASSOCIATES OF H"/> * L
Next Appointment Date	<input type="text" value="01/25/2019"/> * (mm/dd/yyyy)		
Appointment Status	<input type="text"/>		

Risk Indicators

S No.	Hearing Risk Indicators	Comments
1.	<input type="checkbox"/> Family history of permanent childhood hearing loss.	<input type="checkbox"/> Mother of child <input type="checkbox"/> Father of child <input type="checkbox"/> Brother of child <input type="checkbox"/> Sister of child <input type="checkbox"/> Grandfather of child <input type="checkbox"/> Grandmother of child <input type="checkbox"/> Aunt of child <input type="checkbox"/> Uncle of child <input type="checkbox"/> 1st cousin of child <input type="checkbox"/> More than one relative of the same parent
2.	<input type="checkbox"/> Stigmata or other findings associated with a syndrome known to include a sensorineural or conductive hearing loss or Eustachian tube dysfunction.	<input type="checkbox"/> Branchio-oto-renal (BOR) <input type="checkbox"/> CHARGE association <input type="checkbox"/> Goldenhar (oculo-auriculo-vertebral or OAV) <input type="checkbox"/> Noonan <input type="checkbox"/> Pierre Robin <input type="checkbox"/> Rubenstein-Taybi <input type="checkbox"/> Stickler <input type="checkbox"/> Trisomy 21, 18, 13, 9, or 8 <input type="checkbox"/> Williams <input type="checkbox"/> Zellweger <input type="checkbox"/> Trisomy 21 (Down Syndrome) <input type="checkbox"/> Trisomy 18 (Edwards Syndrome)

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Created By: DSANGHANI [BON SECOURS ST. MARY'S

Created Date: 01/23/2019 11:42:38

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- **1** Pending Children - Rescreening
- Pending Children

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- CCHD Extract
- No VaCARES Cases
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• **Logout**

Rescreening Pending List

NOTE: This page allows you to quickly navigate to a Child's record, set a new appointment date, or refer the child to another facility.

	Child ID (info)	Child Name	Date of Birth	Prior Screening	Appointment or Referral & Date (mm/dd/yyyy) Referred to Facility	Refer to ENT	
1.	9451	WHITE, FAITHFUL LEE	11/13/2018	HEA: 01/23/2019	▼ 01/25/2019	▼	
		<i>Prior Screening By: BON SECOURS ST. MARY'S HOSPITAL (Birth Facility)</i>					

Submit Changes **Undo**

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- Cancelled
- Last Seen By ENT
- Moved Out of Area
- Moved Out of State
- No Show
- Not a Patient
- Refer to Audiology Facility
- Reschedule Appointment

VIUPCA

- Infant Search
- Pending Children - Audiology
- Pending Children

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Does the child have a hearing aid(s)?: **

Evaluation Information

Date of Visit: ** (mm/dd/yyyy) VDH Receive Date:

Audiological Facility:

Person Administering Screening: **

Screening Test 1: **

Screening Test 2:

Screening Test 3:

Screening Test 4:

Screening Test 5:

Right Ear Results: **

Left Ear Results: **

Right Ear Degree: *

Left Ear Degree: *

Hearing Loss Type: * Hearing Loss Status: *

Original Date of Diagnosis: * (mm/dd/yyyy)

Risk Indicators

S No.	Hearing Risk Indicators	Comments
1.	<input type="checkbox"/> Family history of permanent childhood hearing loss.	<input type="checkbox"/> Mother of child <input type="checkbox"/> Father of child <input type="checkbox"/> Brother of child <input type="checkbox"/> Sister of child <input type="checkbox"/> Grandfather of child <input type="checkbox"/> Grandmother of child <input type="checkbox"/> Aunt of child <input type="checkbox"/> Uncle of child <input type="checkbox"/> 1st cousin of child <input type="checkbox"/> More than one relative of the same parent
2.	<input type="checkbox"/> Stigmata or other findings associated with a syndrome known to include a sensorineural or conductive hearing loss or Eustachian tube dysfunction.	<input type="checkbox"/> Branchio-oto-renal (BOR) <input type="checkbox"/> CHARGE association <input type="checkbox"/> Goldenhar (oculo-auriculo-vertebral or OAV) <input type="checkbox"/> Noonan <input type="checkbox"/> Pierre Robin <input type="checkbox"/> Rubenstein-Taybi <input type="checkbox"/> Stickler <input type="checkbox"/> Trisomy 21, 18, 13, 9, or 8 <input type="checkbox"/> Williams <input type="checkbox"/> Tullman <input type="checkbox"/> Trisomy 21 (Down Syndrome) <input type="checkbox"/> Trisomy 18 (Edwards Syndrome) <input type="checkbox"/> Trisomy 13 (Patau Syndrome)

PartC Referrals

- PartC Pending list
- PartC Completed list

PartC Reports

- PartC Summary Report
- Infants Referred to Part C

• Main Menu

• **Logout**

PartC Referrals and Enrollment Pending Report

	Child ID	Child Name	Date of Birth mm/dd/yyyy	Referred Date mm/dd/yyyy	Enroll/Decline	Decline Reason	Enrolled/Declined Date mm/dd/yyyy	IF SP Date mm/dd/yyyy	
1.	8614	DOE, JACK	12/01/2016	12/25/2017	Decline ▼	<div style="border: 1px solid black; padding: 2px;"> <ul style="list-style-type: none"> Eligible/Chose Other Services Eligible/Deceased Eligible/Declined Assessment for Service Planning Eligible/Declined Services Family moved and transferred referral to (Part C LOV) Family moved out of state Unable to Contact </div>			Client view

Please print this Release Form and have the parent/guardian of the child sign it and

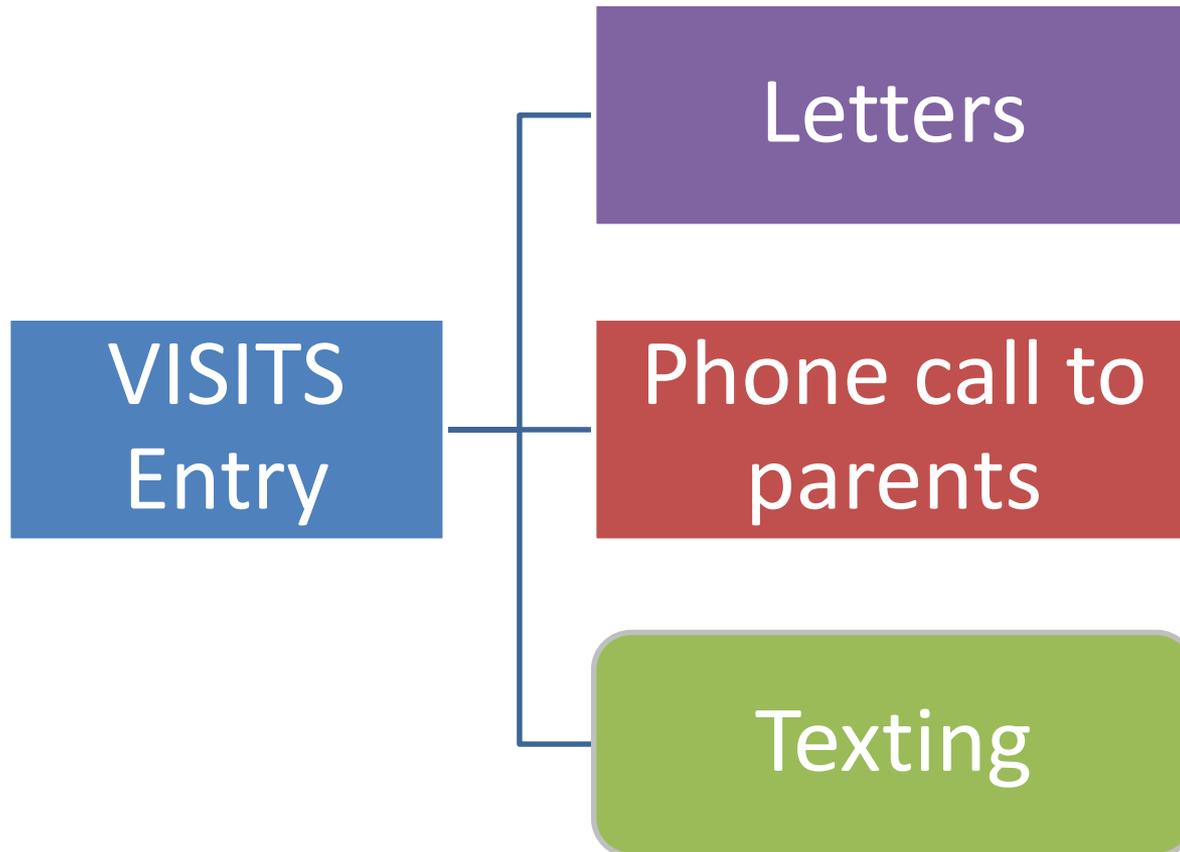
Submit

Undo

[HELP](#)

VIUPFL

Follow-up



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 - Hospital Reports - At Risk



Child's Name : DANCE, Child Id : 9241
 Date of Birth : 06/02/2018
 NDBS Device ID : 0
 Region : CCC HAMPTON ROADS

Pending Reg. Entry

Activities

Activity Type: **

Activity: **

Status:

Activity Date: ** (mm/dd/yyyy)

Return Date: (mm/dd/yyyy)

Module: VaCARES Hearing Part-C **

Activity Notes:

FROM_PHONE	TO_PHONE	STATUS	MSG_BODY	PRICE	DATE_MSG_SENT	ERROR_MESSAGE
(804) 252-7534	VISITS_PH_NO	Received	HELLO, THANK YOU FOR YOUR HELP.		09/20/2018 09:57:47 AM	
VISITS_PH_NO	(804) 252-7534	Delivered	Hi, It's VA Early Hearing! Your baby needs a hearing rescreening. Need help finding a facility? Visit EHDIPALS.org or call VA Early Hearing at 804-864-7713!	\$-0.00750	09/19/2018 09:52:35 AM	
(804) 252-7534	VISITS_PH_NO	Received	HI THANKS FOR THE INFORMATION!		09/19/2018 09:58:19 AM	

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VIUACT

- VI** **SITS**
- Hearing Letters**
 - LETTERS SUMMARY
 - SMS SUMMARY
- Parent Letters**
 - Letter D: Infants diagnosed with hearing loss
 - Letter P: Infants who fail first and second screening
 - Letter E: Reminder: Infants w/ no subsequent re-screening
 - Letter V: Infants who fail initial screening w/ risk indicators
 - Letter R: Infants who fail initial screening (non-hospital birth or have extended hospital stays)
 - Letter A: Infants who fail initial screening
 - Letter B: Infants who pass with risk at initial screening
 - Letter U: Infants discharged before screening w/ risk indicators
 - Letter C: Infants discharged before screening - missed screening
 - Letter Y: Hospital Letter to Parent- Extended Stay in NICU
 - Letter O: Infants w/ risk indicators- Atresia
- PCP Letters**
 - Letter Q: Infants diagnosed with hearing loss
 - Letter N: Infants who fail first and second screening
 - Letter M: Reminder: Infants w/ no subsequent re-screening
 - Letter J: Infants who fail initial screening w/ risk indicators

SUCCESS: Last Data Refresh was on 01/23/2019 12:39:05 PM

SMS SUMMARY

Followup Date: To Recent Letter date is [01/23/2019](#)

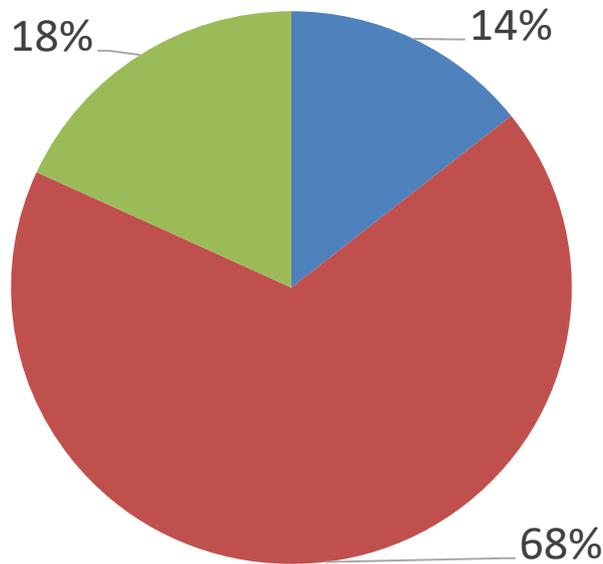
Child ID	Followup Type	From Phone	To Phone	Status	Message Body	Price	Date MSG Sent	Number of Segments	Followup Date	Direction	Error Message
9451	SA	VISITS_PH_NO	(804) 222-2222	DELIVERED	Hi, It's VA Early He...	-\$0.0075	01/23/2019	1	01/23/2019	OUT	
8671	SE	VISITS_PH_NO	(804) 999-9999	DELIVERED	Hi, it's VA Early He...	-\$0.0150	01/09/2019	2	01/09/2019	OUT	
9241	SE	VISITS_PH_NO	(804) 252-7534	DELIVERED	Hi, it's VA Early He...	-\$0.0150	01/09/2019	2	01/09/2019	OUT	
9194	SE	VISITS_PH_NO	(804) 439-3597	DELIVERED	Hi, it's VA Early He...	-\$0.0150	01/09/2019	2	01/09/2019	OUT	
9194	SE	VISITS_PH_NO	(804) 656-8262	UNDELIVERED	Hi, it's VA Early He...	-\$0.0150	01/09/2019	2	01/09/2019	OUT	Error
9127	SE	VISITS_PH_NO	(804) 000-0000	SENT	Hi, it's VA Early He...	-\$0.0075	01/09/2019		01/09/2019	OUT	
9193	SE	VISITS_PH_NO	(804) 439-3597	DELIVERED	Hi, it's VA Early He...	-\$0.0150	01/09/2019	2	01/09/2019	OUT	
8592	SE	VISITS_PH_NO	(804) 795-2222	UNDELIVERED	Hi, it's VA Early He...	-\$0.0150	01/09/2019	2	01/09/2019	OUT	Error
9244	SC	VISITS_PH_NO	(609) 258-4779	UNDELIVERED	Hi, It's VA Early He...	-\$0.0075	01/09/2019	1	01/09/2019	OUT	Error
9137	SE	VISITS_PH_NO	(804) 999-9999	DELIVERED	Hi, it's VA Early He...	-\$0.0150	01/09/2019	2	01/09/2019	OUT	

Your search returned 17 records. Records 1 through 10 are displayed.

2016

Total Births: **101,228**

- Total Screened: **99,477**
- Passed Screen: **91,576**



Failed Screen

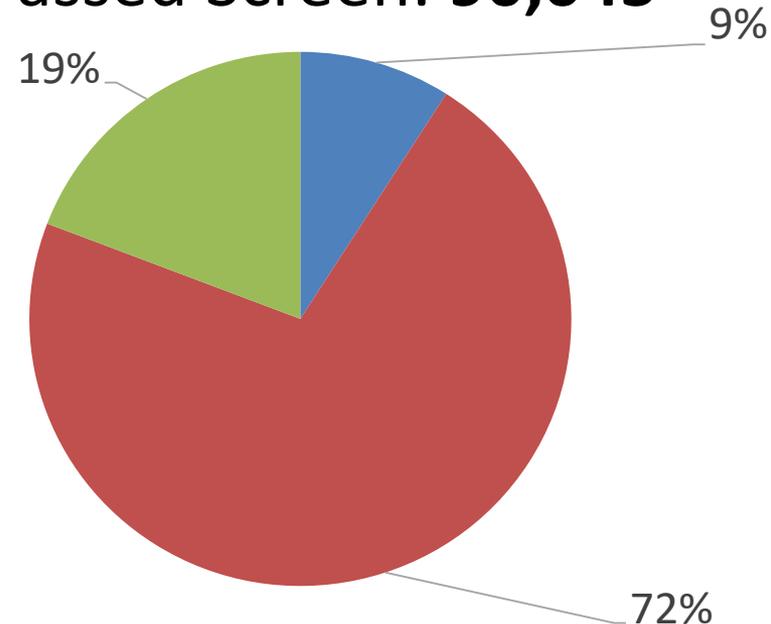
Pass with Risk

missed

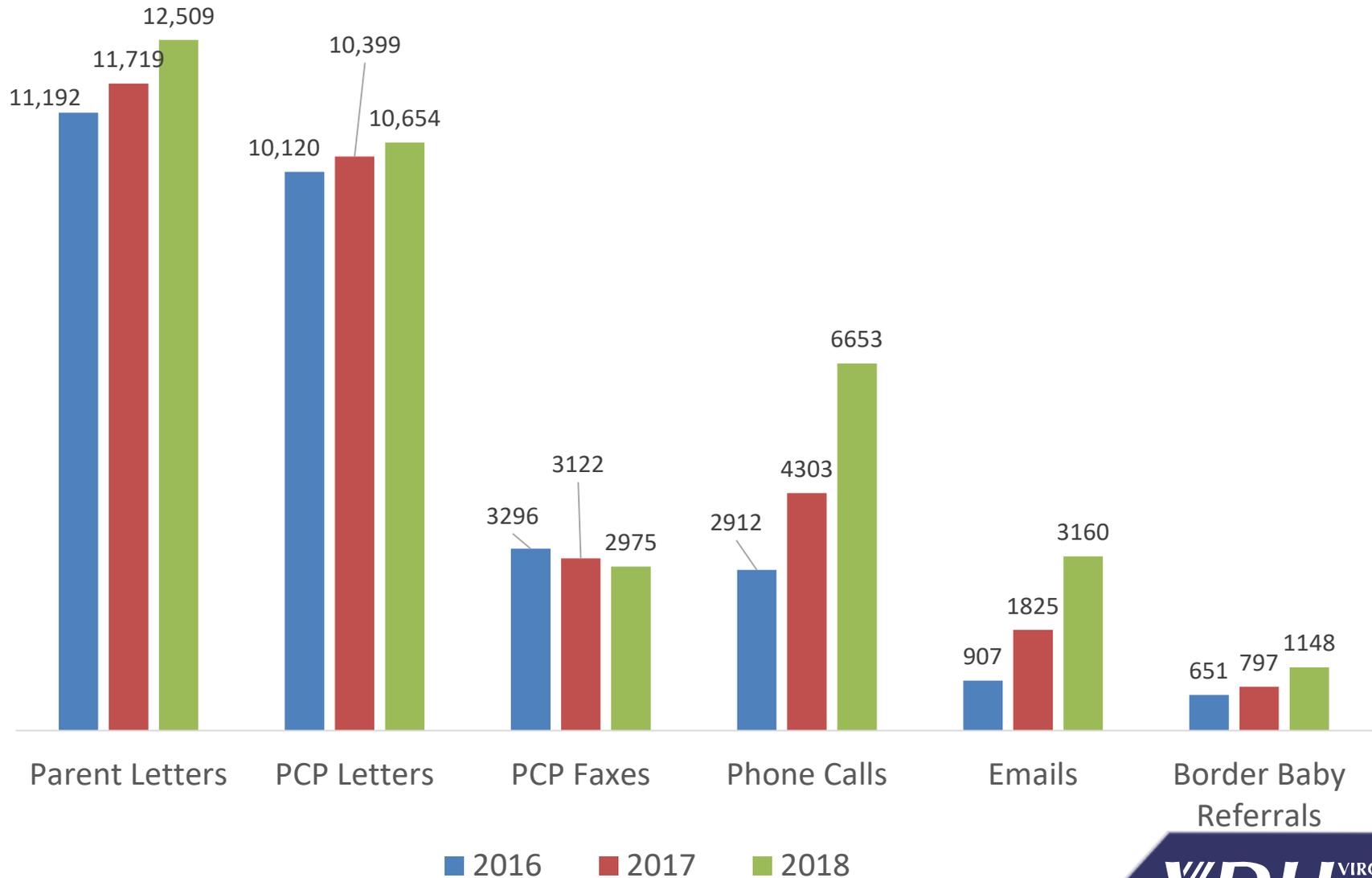
2017

Total Births: **99,376**

- Total Screened: **97,585**
- Passed Screen: **90,045**

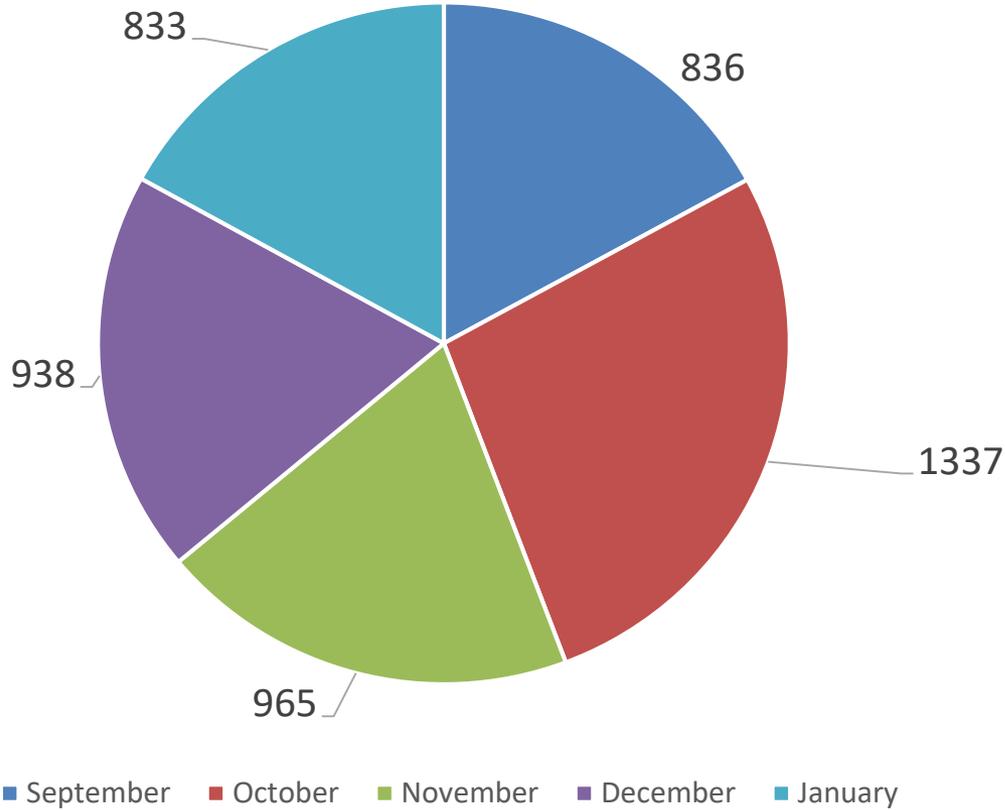


VA EHDI Follow-up Overview

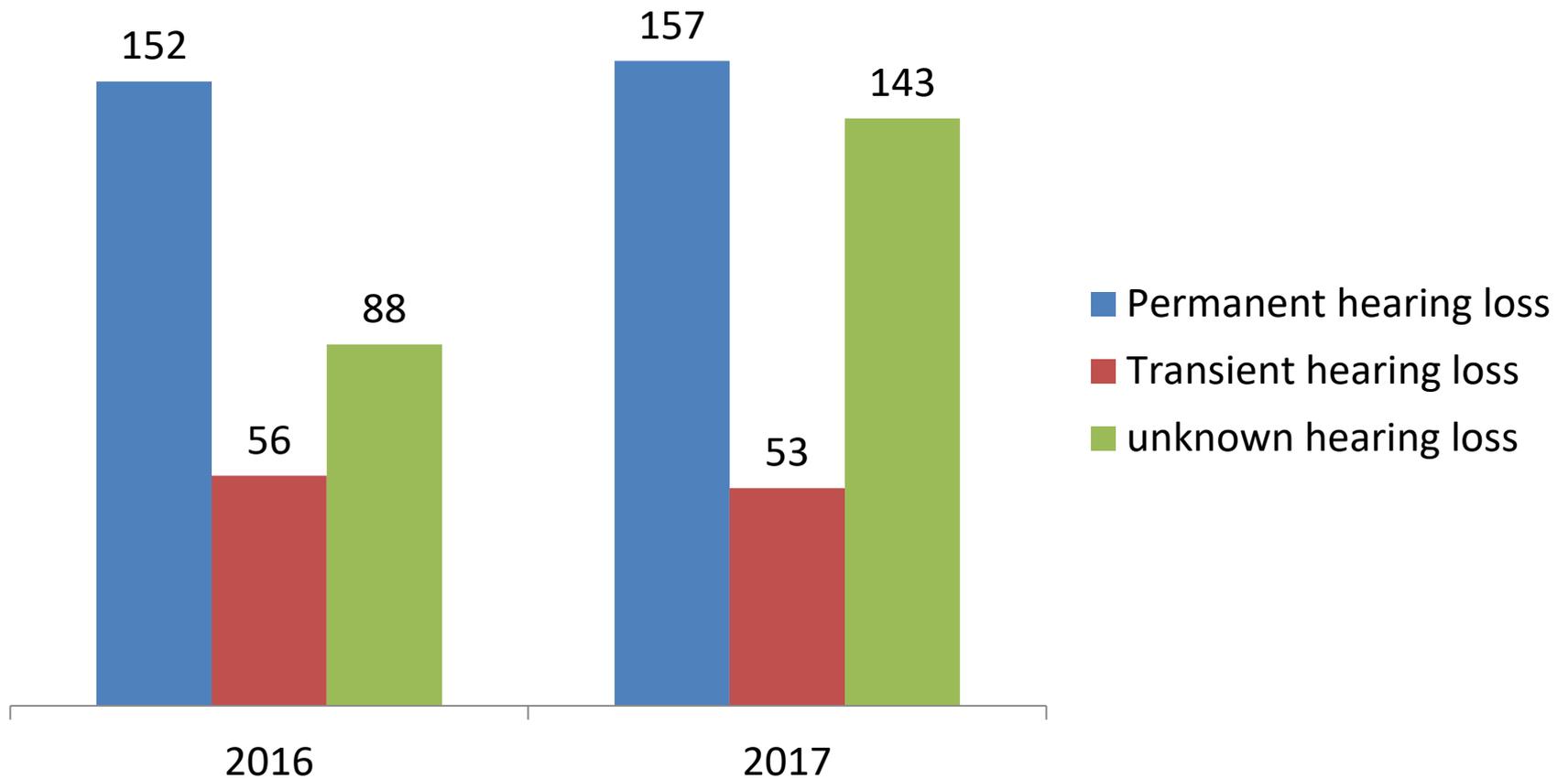


Number of Text Messages

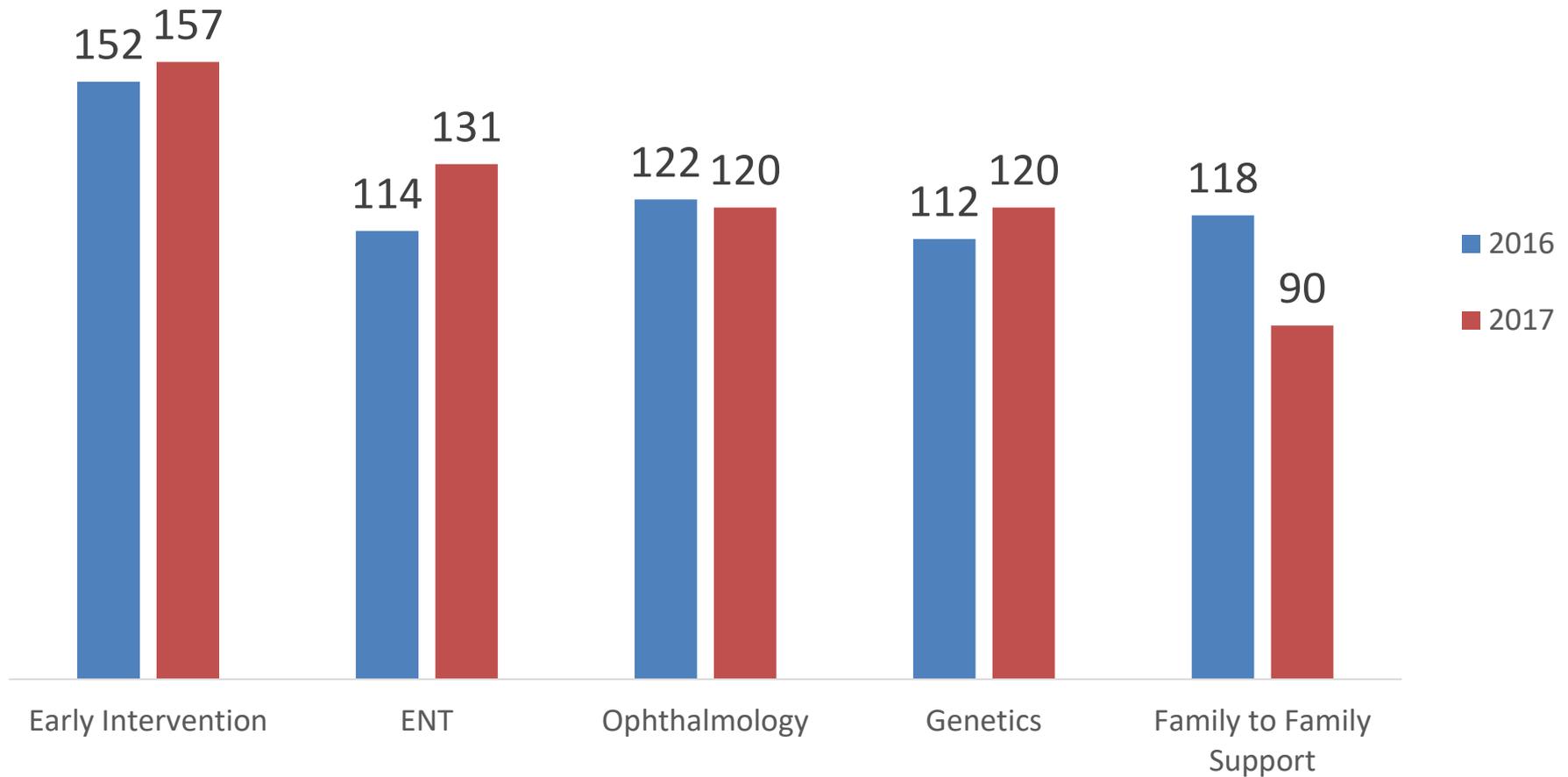
August 30, 2018 to January 31, 2019



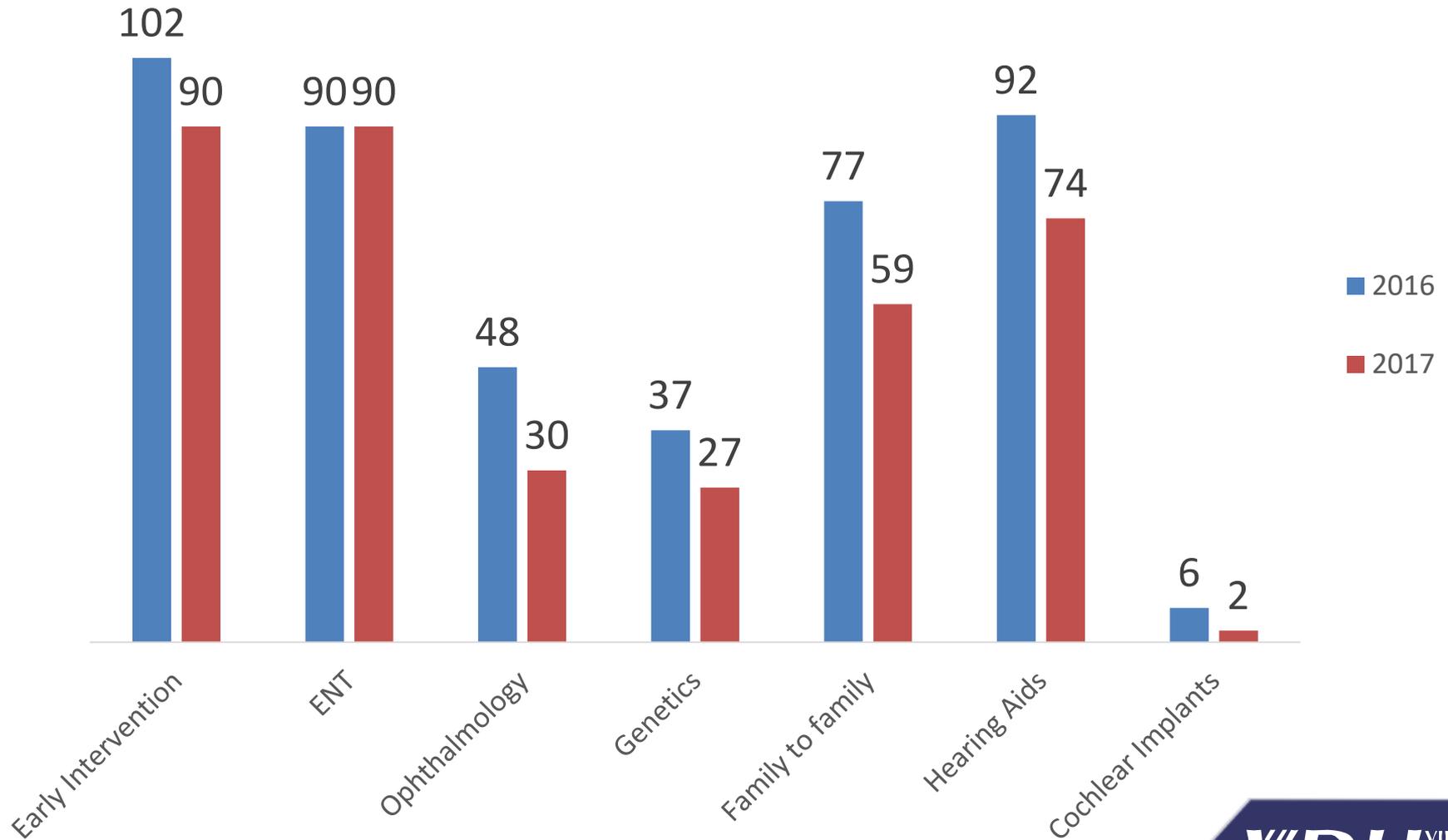
Number of Children Diagnosed



Referrals for Children Diagnosed with Permanent Hearing Loss



Outcomes for Children Diagnosed with Permanent Hearing Loss



Future Enhancements for VISITS

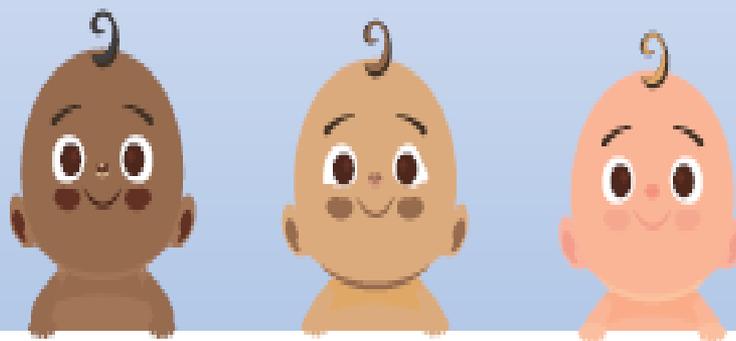
- Out of state Reporting
- Birthing Facilities
- Update texting platform
- Risk Indicators

Shared Plan of Care for Children with Hearing Loss

VIRGINIA'S EARLY HEARING DETECTION AND INTERVENTION

Shared Plan of Care for

Children with Hearing Loss

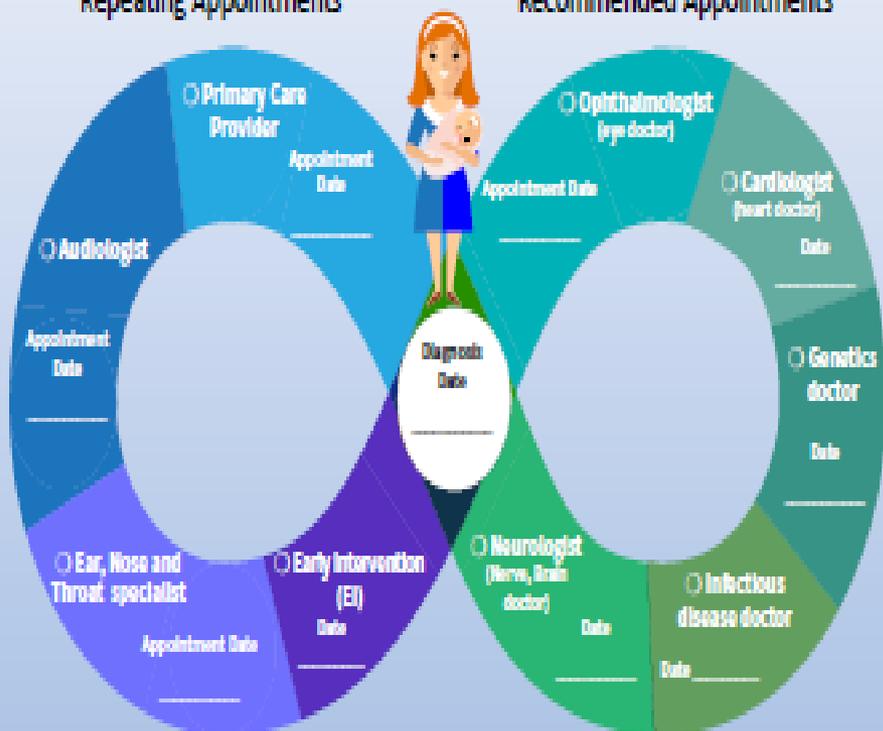


It is important to schedule your child's appointment with their PCP and other specialists as needed.

Use the guide below to keep track of all your child's recommended appointments after diagnosis.

Repeating Appointments

Recommended Appointments



[Parent Perspectives](#)[Professionals](#)[Data](#)[Resources and Materials](#)[Training](#)[Links](#)[Contact Us](#)[VDHLiveWell](#)[Email this page](#)

Hearing Screening Data

These data are used by hospitals for reporting needed to implement the Virginia Early Hearing Detection and Intervention Program (VEHDI), which is mandated by the Code of Virginia. In addition, VISITS II is used by the health department to better assist families to prevent developmental delay in infants who have hearing loss.

Training and Support

VESTS

VISITS Training

1. [Hospital Training](#)
2. [Audiology Training](#)
3. [Early Intervention Training](#)

VISITS Enhancements

- [Audiology Pending List](#)
- [EI VISITS Enhancement](#)
- [Hospital VISITS Enhancement](#)

VISITS Logon Request Forms

Contact Information

Daphne Miller, VA EHDl Program Coordinator

Daphne.Miller@vdh.virginia.gov

Deepali Sanghani, VA EHDl Follow-up Coordinator

Deepali.Sanghani@vdh.virginia.gov

Antoinette Vaughan, VA EHDl Follow-up Specialist

Antoinette.Vaughan@vdh.virginia.gov