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800-335-0911  
INFO@ACSCAPTIONS.COM

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>> For those of you have just joined us, you can adjust the audio on your speaker settings. We will be starting here in ten minutes.

>> While we wait to get started. I want you to answer a poll question on your screen whether your state as a web-based system. That helps presenters today be informed a little bit about your familiarity and experience with data recording systems.

>> Today's webinar is going to be recorded. So this is your notification that any comments that you might be making in the form of questions during the webinar will be a part of this recorded webinar. You will be communicating with the presenters through a Q and A field that will appear in your lower left-hand part of your screen when they will be accepting your questions. That's how we will be doing that. Just as we get started, please go ahead and adjust the volume to your liking on your own headset or computer speakers.

I see that we are at the bottom of the hour which is our set time for starting today's webinar. Pam, are you ready to go today?

>> I am.

>> Good. So I would like to welcome everyone to today's webinar which is entitled freedom from faxes. Florida's journey to achieving electronic data reporting. My name is William. I'm with NCHAM. And the webinar is brought to you by NCHAM. This is a part of a series that NCHAM. And in doing so, NCHAM has continued efforts with early detection and what's known as EDHI systems throughout the nation. I'm pleased to introduce you to Pam Tempson who is the coordinator for Florida. And Andrew Richardson. And Brittany Bechtel. Pam will be speaking with us first.

>> Thank you for joining us. This is an extension and updating version of the poster material from the EDHI conference.

And you can see -- there's a question. If you haven't answered it already on the screen, that asks if your state has a web-based data reporting system already in place. And a lot of people have responded and I appreciate that. It looks like 64% of you say you already have one. 26% of you say you are in the process of implementing one. And almost 6 -- whoops. Now 7% or almost 8% say you thought about it. You decided not to have one. Thank you for answering that and you can continue to respond to that as you speak so you get more thorough information.

Florida's data system started in 2001. At that time, hospitals faxed and mailed reports to the EDHI office with aggregate data. The number of infants born in a month. The number that were screened. The number that were not screened due to parent refusal and a number that were referred to follow up rescreening and in 2002, a system was implemented for child specific information only for referred hearing

results.

All other data is on paper and an aggregate format. Not until we realized that child data could be entered and this system was an integrated system with a blood specimen testing data and it still is. Hearing screening data was gathered on the blood specimen card in 2005 and any results that were not recorded on the card were faxed to the EDHI office.

That continued to work like that until June 2013 when Florida started implementing a web based data reporting system. And this is the journey that will be shared with you on the second slide. There's a second one that asks how does your hearing screening results get into your data system. If you haven't answered that, it would be great that you would. The choices are individually identifiable information is not obtained on all children. Data entry at the laboratory from the blood specimen card. Faxed to EDHI staff for the web-based reporting system. It looks like the majority of you do collect most of your data via the reporting system. And then second to that would be data entry done at the lab from the blood specimen card. You can respond to that for a few more seconds here. As soon as I switch slides, they are going to put another question up. I will give you a few seconds here.

>> With the web-based data system, trained systems can log in and find a program and enter hearing screening data. Data such as passing results, referred results and not screened reasons. Before this, all hearing screening data was entered by the lab from blood system or entered by EDHI staff. The rationale was to improve efficiency, access to hearing screening data and improve the accuracy of the hearing screening data.

And some of the benefits seemed so far are that EDHI staff are spending much less time entering data and they no longer have to bring the results of the hearing on the second form or blood specimen card. They can enter the results in the system on the system they have. And there were a lot of issues with lost faxes. That's now resolved with the web-based data reporting system.

>> Hospital that have a smooth process in place for recording hearing screening results on the blood specimen card, they may continue this practice because they are working on it for the next ten years. All facilities now have the option to use a web-based system especially when logistics are an obstacle with the card. The timing is not right because the blood is time sensitive. And then a side benefit for users with the web-based data reporting system, they have access to see the most recent screening results. Before the web-based system, they did not have a way unless they were to call us had the results were for a child.

We put in validation rules in place in in the web-based system. The data is now more complete. No more missing OAE or missing the result for one year. That was taken care of with the web-based system.

The third question they were asking you, do you have laws in your state that require hearing reporting of hearing screening results. Answer if you could. 83% of you say, yes, you do. About 16 say so -- no and some of you are in the process. In Florida, we do not have laws in place that require reporting. We do have guidelines that ask them to report. It's not in our statute. Give you a few more seconds to answer that question.

Okay. One of the first steps with implementation is to research available web-based systems. After looking at different systems we decided to use the current web-based system rather than changing it entirely. Funding was secured through the cooperative agreement. And EDHI staff and the newborn screening data manager work closely with the manager to customize the product to meet the Florida's needs. You are looking at comments that were made by actual newly trained users when first started. This is going to save me so much time. This gives me a way to double check the reporting on all of my babies. We have positive feedback at the beginning.

>> We utilize the this cycle. We started with internal testing by having the EDHI staff to enter staff here at the office. Made a few changes at system and then trained a group of hospitals that volunteered to be the first external users. They provided feedback that lead to more changes to the system and also modifications to our training materials and the third batch were hospitals targeted specifically for training. These are hospitals that had specific needs such as not reporting data on a high percentage of their birth and able to batch fax them. We analyze the data to make sure the improvements were as we expected. They were actually happening. We were pleased with the data. Made a few more changes to the system and the training material before we move forward with training the entire state.

Now, we did run into obstacles. These are listed on the next slide.

First was the server capacity. We initially under estimated how much we needed. The people were bounced back to the log-in screen. They were frustrated and decreased system. The newborn screening program shares the network with a large department, we were able to utilize additional capacity at a nominal charge. Users can't enter just a comment for a patient, such as an upcoming appointment date and time, indication of a no show or follow-up efforts made by hospital staff. Those are some things that hospital screeners want to tell us often. And we used to have a comment section on our form and unable to center a comment in our system.

They have to notify staff through information through fax and secure email. A resolution to this has not been found. The developers are committed to looking into a solution. Another obstacle was that the training ended up being more than expected. Even with step by step guides which are available on our website at [www.Floridanewbornscreening.com](http://www.Floridanewbornscreening.com) and the hearing page, we found necessary

to provide face-to-face training with hospitals. We did utilize the training strategy when possible. It took us almost 16 months to train about 130 facilities.

But keep in mind that Florida has one EDHI staff dedicated to these trainings. That's not too bad.

>> After being trained, the expectation was for users to stop faxing. But some people did have difficulty with this transition. So when we received a fax from a trained and registered user, we called them, found out if they had difficulties with the system and provide answers to the questions that they have. Most often, people forgotten the password or needed the account unlocked. Our users need assistance with the system. 50% of all incoming and outgoing calls are due to password systems and locked out accounts. We have a number for people to call for this help. We track the reasons for our calls and use the data to improve the system and our training materials.

There's a question up, number four. It asks if you have a web-based data reporting system, what type of results does it accept. Your choices are screening. That's not diagnostic or both. Of you all who have a system in place, about 84% of you accept both diagnostic and screening. And 17% of you accept just screening. I'll give you a few more seconds to answer that question.

Okay. Thank you.

>> So one of the main areas that we were hoping the web-based data system would improve is that percentage of births for hearing data are reported or our not reported rate. Our aim is to have some newborns reported at hearing or that the baby is in the NICU and can't be screened yet by the middle or the following month of birth. We expect something for hearing to be recorded on the card or entered in the system by the middle of February. Some of the targeted hospitals were ones that had difficulty in this area where they had a high and not reported rate. This facility had a history of a high, not reported rate with a baseline in November of 30%. After training in November, not reported rate for this facility dropped significantly to be under 5% and sometimes goes to 0%. This time the reporting of data was timely diagnosis and intervention services. We are trying to improve this data point.

>> Here is another hospital's data. After being trained in January of 2014. They started out with a baseline of 9% and made a trend for 1% of nearly not reported rate.

This route shows a percentage of data that is entered by EDHI data and what is entered by hospital staff. Before implementation of the web-based data system, they entered 100% of all data that wasn't reported on the specimen card. If they were not put on the card, EDHI staff put them in. In June in 2013, you can see how the percentages flipped, a milestone was reached when they were entering more than we were and EDHI staff enter 18% of the data while hospital staff enter remaining percentage. The percentage of data recorded on the cards has

remained unchanged since implementation of the web-based data system. It continues to linger at 83% of all hearing screening data. Most of the EDHI staff -- most of what we do is still enter from faxes with screening results are from outpatient audiologists and primary care physicians.

Florida currently only accepts screening results in their web-based data reporting system. We are deciding how outpatient audiologists will use the system. The system is designed to handle diagnostic results. We are doing a PDSA to determine which it's better for EDHI staff to enter the results or outpatient audiologists. They may be given training. Training for this has not yet started. We are trying to figure out how to handle that. It's interesting to see your response to that question whether you accept screening diagnostic or both into your system.

>> The current number of active users for the web-based system is around 237. We are finishing training of hospital staff. We don't expect this to get higher. We anticipate continual -- new account openings.

Note From Captioner: Feedback on the audio.

>> I don't know what is causing this technological interruption.

>> Okay, Pam, I think that audio disruption is gone now. Are you back?

>> I am. I was here. I just stopped talking.

>> That was fine. I have no idea what caused that. That's the world of technology. Thank you for your patience. If that occurs again, sit tight and we will be back.

>> Thank you.

>> We are expecting this number to linger around 237. We do understand that people come and go at hospitals. So we know we are going to have to open new accounts and close old ones. If this trained staff do remain at the facility, we are going to have that person train new staff using the step by step documents as tools. There may be the need for some face-to-face training in the future if nobody at the hospital is trained and the train others.

>> Okay. Going to the next slide here. We looked at the not reported rate for a few specific hospitals on previous slides. This slide shows a not reported data for our entire state. We measure that at three different points. In the middle of the following month, two months and three months out. We hope that data is reported by the middle of the following month. Gives the hospital a chance to report data later. From the blue line, we are getting data reported to us in a more timely manner. Has not been much fluctuation of data. The orange and yellow lines. There's a downward spiral as more and more hospitals were trained. If you can see from January down how that's really going downward.

In addition to the web-based data reporting system, we have

another incentive for people to do well in this area. We issue certificates on a monthly basis. Measured in the middle of the following month. These hospitals also get recognized on our website in the form of a congratulations report. You can see that if you want to on the hearing page at the same website as I listed before. Florida newborn screening.com. This is another motivating factor. It's in place before the web-based system. The trend is that more and more hospitals are trained in using the web-based system, the data has improved at each measure. Each of the three points.

>> Okay. We are going to take time out now to take questions from people. So you can type them in the -- well, I will let you tell people how to do that.

>> Sure, in the lower left-hand corner in our screen, you will see a Q and A box enter your questions and organizing them and having Pam and team respond to the questions. The first question, Pam, that's coming in, what are the percentage of test results that are reported using the blood spot card?

>> Of all hearing data, 83% of hearing screening data is reported on the blood specimen card.

>> So another question that come in, how many verse per year and who is your vendor?

>> We average 218,000 verse a year.

>> Another question comes in from Jim and thanks you for the presentation. How many hospitals are reporting via the web system? Have hold on one second. Bringing up a file. Bear with us here.

>> 89% of our facilities are using the data reporting system.

>> And are they also getting a saliva sample for CMV is a question that came in.

>> No, that is not on our panel in Florida.

>> Next question is, do you know if your vendor uses a relational database?

>> Yes, they do.

>> The reporting system is relating to newborn hearing screening, only or including retesting.

>> It includes retesting results.

>> Pam, the next question is, does your state do hearing screening in the community? If so, how are these data tracked?

>> Yes, our state does hearing screening in the community. Most often if the screening was not done in the hospital primary care physician is doing it. Of course, follow-up is done in the community by returning to the hospital or by primary care physician or outpatient audiologist. That data is reported to us. If it's not -- if they are not a user of our web-based reporting system and if it is a diagnostic result, it has to be faxed to us as well.

>> I need to double check and make sure that the participants today are hearing me repeating the questions that are coming in. Could somebody indicate that in a Q and A box? We got a piece of feedback

saying you are not. Are you hearing me speak? Can someone please indicate that?

The next question is we are not -- is your system linked to the birth registry or immunizations?

>> It is not, quote, unquote, linked with either system, however, we do receive data from the birth registry system on a daily basis that is accessible through our system. We will starting this month be linking that data to the data in our system.

Pam, the next question is, is the screening that is being reported via the web-based system realtime data?

>> I'm not sure what is meant by that. But if it means as soon as they put it in, do they see it, then yes.

>> The next question is, as a new user coming in from Texas, how and when should we notify the state of Florida about training. Currently we use Teddy and web data like Oz in Texas.

>> Well, I'm not sure what the question is asking. If they are saying that they now live in Florida and they used to live in Texas?

>> I think maybe the question is asking whether what you have developed in Florida is available outside of Florida.

>> Oh, yes, it is. It's available through our vender.

>> Were there any issues with the hospitals hooking up to the machines up to the networks to report data?

>> So we are currently not doing HL7 data transfer for hearing. And that's when you get the data written directly from the testing devices. That's the next phase of this project. That's why we ask the question of whether states were doing HL7 transfer. We are looking towards that in the future, but it's not here yet.

>> A related question is, are the stakeholders that are entering hearing screening data creating name records with results in the web-based application?

>> They are not creating records. They are adding results to existing records.

>> Okay.

>> You have to find it first in our system. And then they add hearing to that baby.

>> The next question is really kind of a big general question about your wisdom and insights for states that are just starting to implement electronic reporting system. What advice do you have about how states might approach that? From all that you have learned if you are going to approach this all over again?

>> Find out what your stakeholders need. If their needs assessment before you decide what product to use. And make sure you understand what the product limitations are. What it can and can't do before you agree to purchase it.

>> When you think in terms of the training and technical assistance that is needed. How have you handled the turnover that is experienced by a lot of facilities? We try and use a train the trainer.



We try to use somebody who is stable hoping that if people leave, they can just fill in the new people. But we do have people that leave who were the trainer or they were the only person trained and in that case, we do have to go back and pretty much start over with them. It's happened with three or four different facilities so far, I think. Where we have to completely start over.

Maybe even just two or three. It's when people leave or someone else left who can orient that person. We don't have to actually go out again and do anything face-to-face.

>> You've been asked by one of our participants, Pam, and company, to please repeat the percentage of states that currently implement HL7 data transfer.

>> Do you still have that question in their, William?

>> Oh, yeah.

>> They are asking about that. I think it was number three, maybe?

>> Is it this one?

>> No. No. No. That's not the one. Sorry. One where the last option was HL7 data transfer.

>> Is it this one? Let's see.

>> There it is. Zero. 2%.

>> You can add your answers now.

>> Yeah.

[Laughter]

>> So the next question, how is the data transmitted? Are the hearing machines connected directly to the connection to get it to you?

>> No, they are not. That's actually at that point, you're extracting a data packet. You need to transmit my understanding if you are going by standards, they need to transmit that data package via hl7. We are working on that for the blood card. The results, we are looking at receiving those that way as well. What we have to do is when that happens, we need to set up a path way, a VPN connection or a physical network connection with each of these entities. We have to get their IT department to play nice. And then we settle on something where we can transmit the data back and forth. And I rattled off of my tongue, sometimes I can take six months of back and forth. Once it is set up, those machines that have the data directly on them can be transmitted through that pathway to us and ultimately added into our system. We are not doing that now, we will be in the near future. That's our next big thing that we are working on.

The way it works now. Instead of results coming directly from the machines, they have to log into our system, find a patient and manually enter the result. Save the record. That is how it shows up in our system.

>> So, Pam, you might want to look at the several Q and A questions that come in there and think about how you might want to respond to those next three.

>> The first one, somebody is pointing out the fact that even though they might not have answered that transfer for that specific question, they might utilize that and answer with the combination of these choices option. 24% of people answer that they use a combination and so some of those people may be using HL7 data transfer.

>> So if anyone is using HL7 data transfer and willing to be contacted at a later date by states to have the opportunity now to let themselves be known and, William, where should they put their information?

>> I think they can respond to the email that gave them information about today's webinar indicating that and we can pass that along to you.

>> Will that email go out to all of the participants? I think that's what a person is wanting to know. They want to know who is using HL7 data transfer.

>> We can do that.

>> Only respond to that email and let yourselves be known if you are okay with everybody knowing.

Some of the questions are getting bleeped off of the --

>> I will take it back and help you from here, Pam. Do you have plans to use the HL7 DSTU implementation guide for exchanging any results?

>> I'm not familiar with the DSTU implementation guide directly. We are using standards for the code sets to varying standards. And we are looking for direction from the national partners and dramatics to make sure we have this future proof. That direct implementation guide may or may not what we use for that. We will be using national standards.

>> One of the participants today has said, I think the HL7 question is more complex. We have HL7 messaging from our blood spot into our database. Our hospitals and audiologists through the web-based system. The transition to HL7 was quite complex. Do you have any response to that comment?

>> I can only say from what we have seen so far and the amount of time that it's taken to get some of these network pathways set up, yes, quite complex. That's an understatement. It requires a lot of man hours and perseverance to keep working with these. One hospital's legal team can shut down. We have to knock on the door and try to get them back on the table to start discussing it again. That's people, that's personalities. That's interpretations of what we are doing. Sometimes it takes them time to wear them down for lack of a better way to put it so they can understand the value of what we are trying to do.

>> One of our participants asked if you would please explain again how does each child's record get established in your system?

>> Okay. A record gets established when a blood specimen card is submitted to the state lab. That creates a record in our system. That's the way it works now. We will have the capacity after we go

through and upgrade here later this month to create a record here at the EDHI office for a child that didn't have a blood specimen card submitted. But did have hearing information submitted. For right now. The child has to have a blood specimen card submitted and sent to the lab in Jacksonville. That creates a record. There's a lab time 5 to 7 days between when the child is born and when it appears in the web-based system.

We have to emphasize that in our training so they don't get frustrated hook for patients before available. We advise them to wait a few days and don't bother checking if the baby is less than five days old.

That's what they do and that's what we have to do here and we have to do for results that are faxed to us because of the lag time from when the baby is born and when the lab receives it and enters it into the system.

>> Thanks, Pam. There's another question asking screening devices are being used. Don't they have to use the HL7 capability to make that work?

>> That's actually a common question we get on the -- we see that question come in as well. Data is data. And most of these testing devices have the capability to export data into limited format. There's a comma or a semi colon that's connecting the fields on the top. HL7 is all offense that data but formatted in a hierarchical format. It's a complex file format. Contains the same data. If you have a device that does not have the ability to export in HL7 format, you can use an integration broker. We have one here in Florida. And that integration broker will take that data file and convert it and also has the capability to send it on to and from our trading partners.

>> Next question is, were there any issues with the hospitals hooking the hearing testing machines up to their networks, excuse me, to report data? We have issues with hospitals not wanting to do that since their machines are approved without any antivirus software. And they don't want to void the machines by adding anti-virus software. So they put the data on a thumb drive to take a computer on the network to transmit.

How do Florida hospitals handle this?

>> Well, we here at the EDHI office, we don't collect data from the machines. The individual hospitals can choose to download data from the machine into their system and I'm not sure of the logistics of that. But we don't here at the state level at the EDHI office collect data at the hearing machines.

>> I have talked to a couple of hospitals that were concerned of this. They have outsourced their hearing screening. The folks are not part of the hospital system. They don't want them on their network. That USB key running it over to a computer, it's clunky, it's an automated way to get the data transfer.

It is a solution that works.

We do have another product that can be -- that is accessible from the web. It's called move it. It's a different data file sizes. We may end up for the hospitals of having issue with sending the data to us, they may be able to utilize the move it product. I can tell you more about that.

>> How about mis-screenings on the screenings or the parent refuses the screening. Do you have a process so you have a true denominator of the births?

>> It includes missed, baby refused. The baby was in the nicu, could not be screened yet. The baby passed away. We have different not screened reasons. When we say to hospitals, we want you to report the hearing screening data on all of your babies by the middle of the following month, they have to report something even if it is just the parent refused. So we do -- we see results on all of the babies from the hospitals. They are not all passes and refers. Other not screened reasons. Those are all able to be entered into the data reporting system.

>> There was a follow-up question and I'm hoping this ties back into something you can answer.

>> It says so if the lab has the hearing screening result, it gets entered there. It is the remaining 18% or so that are entered by the hospital staff or EDHI staff, is that right?

>> That's right. It's actually 17% because 83% are entered by the lab and the remaining 17% are entered by -- used to be all entered by us at EDHI office. But now because of the web-based data reporting system, they are entering it. It's around 1,000 different results a week that are entered by our users instead of us that we used to have to enter. Are there any other questions or comments that any of the participants today would like to submit. I will put the same question out to our presenters. Do you have any questions of our participants that you would like to put up as any follow-up polls that have occurred to you? This has been a really great conversation today? Appreciate all of the interactivity of it.

How many EDHI staff do you have is a question that came in from Neil Sharp.

>> This is Pam. I have an question here from our team. We did notice that a large percentage of you are accepting diagnostics into your web-based reporting system. That's something we are thinking about here in Florida. Does anybody want to share with us obstacles or tips or regrets or anything like that that you might have for us as we're trying to figure out what to do about that? As far as diagnostics being entered into your web based data reporting system by your users.

>> Pam, I'm sorry I don't know if you heard me ask that. How many EDHI staff do you have?

>> We have a permanent staff six, EDHI staff for the whole state of Florida. And we only operate under CDC and grant funding. We have no additional funds.

>> And one of the participants said, I'm in a private clinic. How would I be connected? Would I still fax?

>> This is the kind of person that we are talking about. We are trying to figure out what to do because right now, we have impatient hospital hearing screening people. We have all of the audiologist in the outpatient. We are trying to decide what we are deciding to do. Should we train them and put in all of the diagnostic results or continue to have them fax everything to us and we put it in here at the office?

>> That's what we are trying to figure out.

>> Here is a comment or question asking for clarification. Did I hear that correctly? The most hearing screening results are entered by lab staff and not directly by hospital staff?

>> That is correct. Of all of the hearing screening data reported for the entire state, 83% of it is entered by lab staff, not hospital lab staff. Our department of health state lab staff.

>> One of our participants offered a resource that I'm going to post in the upper left hand corner. Here is the link for the HL-7 standard for EDHI. I will put it in red so you can identify it there.

You should be able to also see the several responses to the question about what obstacles do you face. And I don't know, Pam, if you would like to comment on any of those, but you should be able to see them, can you?

>> I see four different comments. Compliance, lack of consistency with reporting. Timeliness of reporting. Assuming those were obstacles that they ran across as they implemented diagnostic results being entered into their system. And in Kentucky -- this is one condition on being on their published list. They offer an incentive to facilities if they do enter their own results.

Reporting by physicians, pediatricians who conduct outpatient screenings in their office. That's obstacles. We have not extended use of our systems to physicians. There are too many of them. We continue to enter the results here from their faxes.

Compliance, accuracy, timeliness of reportings similar to the first comment. Some clinics do not want to log on to the EDHI data service and prefer another option.

>> We can see that being a problem here in Florida as well because some places don't see that many babies. So we would be asking them to, you know, remember our password, get set up with a system, log into it. Infrequently. We see how they prefer to continue fax.

>> Another question has come in, how do you verify the accuracy of hearing, screening data that's reported?

>> We have the validation rules such as they can't enter a hearing screening date for a date before the date of birth for a date into the future. And so that sort of helps us make sure that that piece of information is correct. And then we also have other validation rules that will help with that. As far as completeness is concerned. The

other way that we do it. We run a report for each hospital and send it to them and we ask them to double check that list to make sure it's accurate based on what they have in their system and make any corrections and enter the correct data by a certain date.

To follow that up, do you ever have parents that report that their baby passed the hearing screening when the hospital has reported a bilateral non-pass. What do you do about that?

>> Yes, we definitely have that happen a lot. What we do is we contact the hospital to find out what happened. You know, did they incorrectly report the result? Did they not mean to report that initial refer because right after that, they rescreened and the baby passed? There's a lot of difference in area. We have to follow up with the hospital and find out what their records show to see what's correct.

>> Great. Any other final questions before we wrap it up for today? Look like maybe there's one here or two.

>> When the lab is entering the child's record, do any of the hospitals utilize label for the blood spot cards or being filled out by hand. If they are being done by hand, what percentage of the cars have incomplete data entered that the lab has to obtain directly from the hospital?

>> Some hospitals use a label for some of the information on the cards. The majority of it is handwritten on the card. I do not have the data in front of me as to the percentage of incomplete data. We do have it. And I can obtain it for you all.

>> Are you able to answer the question of about how many hearing screenings do the hospitals conduct before discharge?

>> We do not have a specified amount that we tell people to do. We leave it up to their discussion to determine what's appropriate. We do caution in our guidelines about overscreening though.

>> Does Florida allow rescreening for babies that did not pass the hospital hearing screening?

>> Yes, that is our protocol. If they do not pass the inpatient -- if they don't pass the outpatient rescreening, they get referred on for diagnostics.

>> Great, well, I want to thank everybody today, Pam, Andrew and Brittany for your presentation and everybody that was on the webinar for us and asking all of these wonderful questions and making this a great learning opportunity. This webinar is going to be posted on [infanthearing.org](http://infanthearing.org) within the next 7 to 10 days. If your colleagues would benefit from this, you will find it here. Pam has posted the website on the left-hand corner. If you need to contact her or her team, that would be the best way to do that. Stay tuned for future webinars that NCHAM will be offering through the EDHI system. Thanks, everyone.

>> Thank you for the opportunity and for everyone for participating.

Note From Captioner: Captioner is signing off. Thank you.

Meeting is over.

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