Virginia Infant Screening and Infant Tracking System – VISITS

Virginia Infant Screening and Infant Tracking System - VISITS is a web-based integrated database system that tracks and supports screening results for four programs and services which are mandated by the Code of Virginia and administered by the Virginia Department of Health.

The purpose of the VISITS software is to create a single record for each child in Virginia enrolled in any one of these programs and services so that VDH can provide these infants and their families with necessary follow up and enhanced care coordination. In addition, child health workers and policy makers can use VISITS to extract aggregate, non-identifiable data for conducting needs assessments, planning services for children with special health care needs, targeting prevention efforts, providing surveillance and evaluation, responding to constituent questions, and satisfying state and federal funding requirements.

VISITS-II application helps us in –

1. Minimizing the duplicates with the help of various validation at the time of data entry itself

2. Efficiently and effectively track every child born in a Virginia hospital. This is possible with the integration with the EBC module of VVESTS application.

3. Increase "data quality", which in turn minimizes unnecessary "stress" to parents.

4. Decrease need to continuously contact hospital users to "verify" hearing status results on each child.

5. Provide adequate and timely services and referrals to families.
## Major differences between OLD and NEW VISITS applications

<table>
<thead>
<tr>
<th>VISITS I</th>
<th>VISITS II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Search for existing child only includes persons from log on facility resulting in duplicates and confusion about transfers</td>
<td>Search for child includes all entries in Virginia Vital Records Electronic Birth Certificate System. Due to change in Code of Virginia (Citation) users can access basic demographics across all facilities. Child and family identifying information and demographics only have to be entered one time for Vital Records, Newborn Hearing Screening, and VaCARES</td>
</tr>
<tr>
<td>Initial hearing screening and transfers. hearing screenings can get confusing with multiple facilities</td>
<td>Initial hearing screening can only be entered one time and once an infant is transferred the record is locked except to the transfer hospital thereby reducing confusion among who is responsible for next screening entry</td>
</tr>
<tr>
<td>Hearing hospital users may have to keep own tally to report statistics to VDH</td>
<td>Children with no known hearing screening status will automatically pop up so that hospitals will not have confusing on whose follow up or results still need to be entered</td>
</tr>
<tr>
<td>Many fields are free text such as transfer hospital</td>
<td>More fields have a list of values to choose from such as transfer hospital</td>
</tr>
<tr>
<td>VaCARES accepts all ICD codes</td>
<td>VaCARES accepts only mandated ICD codes and does now accept the same code for two different hospitalizations reducing confusion about data entry</td>
</tr>
<tr>
<td>Users have to scroll down to see case status information</td>
<td>Users will have summary of child at top of screen with current case status Important information such as child closed in system or deceased will be easy to see</td>
</tr>
<tr>
<td>Current system has no date validations and entries can be made for admit, screening, or discharge prior to DOB</td>
<td>Date validations will not allow wrong or illogical dates to be entered</td>
</tr>
<tr>
<td>Client summary is not in chronological order of events</td>
<td>Client summary will be in chronological order of events which will help users easily understand history and next steps</td>
</tr>
<tr>
<td>Users have to search to see risk indicators and it is unknown which risk indicators are still valid</td>
<td>Risk indicators will be viewable on every screening and can be modified according to current circumstances</td>
</tr>
<tr>
<td>Risk indicator screen contains a lot of text</td>
<td>Risk indicator screen is reformatted for multiple check boxes and is easier to read. Risk indicator list is being modified according to most current Joint Committee on Infant Hearing standards</td>
</tr>
</tbody>
</table>
Terminology, Symbols and Buttons – General Definitions

VVESTS is a web application. A browser is required to access this application. The only browser that is compatible with VVESTS is Internet Explorer. It is important for the user to become familiar with the terminology used throughout the training (ex: web page, URL, link). The following example consists of the most commonly used terms in a web application.

Symbols and Buttons:

This application uses many of the same symbols and buttons. The following is a brief description of most of those symbols and buttons.

** URL:** Uniform Resource Locator. This is the address which is typed in the browser to access any web application

** indicates that the field is required. These fields will be highlighted in yellow.

* indicates that the field is conditionally required based on other criteria entered.

“CLEAR” button “erases” the input data entered.

“FIND” or “SEARCH” button retrieves records from the database. If the user inputs data, the FIND or SEARCH button will use this data as the search criteria before retrieval.

“FIRST” button allows the user to access the first page of a retrieved list.

“LAST” button allows the user to access the last page of a retrieved list.

“NEW” button enters a new record into the database.

“NEXT” button allows the user to access the next page of a retrieved list.

“PREVIOUS” allows user to access the previous page of a retrieved list.

“QUERY” button is used to perform a search of the database.

“REQUERY” button refreshes the client’s record in the event any updates or deletions made in the database.

“SAVE” button is used to save information into the database.

“UNDO” button is used to clear the record before it is saved into the database, for instance, to correct errors or amend information. (Note: The “Esc” (escape) key on the keyboard acts as a UNDO button on any pages where an UNDO button exists. HOWEVER, it will NOT work on any field having a drop-down arrow; only the UNDO button will clear these fields).

It is important to remember NOT to use the back button in Internet Explorer or close the window without first saving the data.
Application Login & Message Center

Login

VVESTS is a web application. The application can be accessed by entering the URL in the web browser’s location bar. VVESTS application is compatible only with Internet Explorer.

Enter the URL and click ENTER key to enter USER NAME and PASSWORD. Click on the OK button to access the application.

Note: The user name and passwords to the application will be provided to you by the Office of Family Health Services upon submitting the Hospital Request Form to OIM Web APPS Help Desk
Message Center

Upon successful login, a page with new messages, if any, will be displayed. In the example above, the user has two new messages. The message center can be used to send to and receive messages from either the Office of Family Health Services or help desk personnel. These messages will be displayed until you manually acknowledge the receipt of them.
To acknowledge that you have read a message, and to remove it from the screen, you can click on the checkbox next to the message and then click on the CONTINUE button.
After viewing your new messages, you will navigate to the Virginia Vital Events and Screening Tracking System main menu.

Notice that now you only have one new message. You know this because the MESSAGES link displays one. If there were no new messages, the link would simply read zero.

To view this message and create new messages, you can click on this link to access the message center.
From the message center, you can READ MESSAGES, send NEW MESSAGES and view SENT MESSAGES.
By clicking on the READ MESSAGES link, you will be able to view all of the messages that have been sent. New messages appear in green and the read messages are displayed in black.

To view the contents of a message, you can click on the subject link of the message.
By clicking on the subject link of a message, the entire message will be displayed.

After you have read the message, you can click on the BACK TO MESSAGES link to view all of the messages again.
Notice that there are no new messages.

After reading your messages, you can remove them from the read messages screen.
To do this, click on the checkbox next to the message that you want to remove and then click on the DELETE button.
The message has been successfully deleted from the read messages screen.
By clicking on the NEW MESSAGES link, you will be able to send a message to various user groups.

As a hospital user, you can send messages to the Office of Family Health Services and Hearing groups. When sending a message, you will only be able to send messages to the users defined within these groups, not to an individual person. You can also send messages to more than one group at a time.
To create a new message, you will need to click on the check box for the group that you want to send the message TO, enter a SUBJECT and BODY for the message and then click on the SEND button.
A message will be displayed to verify that the message was sent successfully.
By clicking on the SENT MESSAGES link, you will be able to view all of the messages that have been sent.

To view the contents of a message, you can click on the subject link for the message.
By clicking on the subject link of a message, the entire message will be displayed.

After you have read the message, you can click on the BACK TO MESSAGES link to view all of the messages again.
When you have completed reading, sending, and viewing your messages, you can click on the MAIN MENU link to exit the message center.
Notice that the MESSAGES link now reads zero. You have read and acknowledged receipt of all the new messages.
Child Registration by searching from EBC

From the VVESTS main menu, click on VISITS icon to go to VISITS-II main menu

When a Hospital Hearing user log into the application, the *Children Pending Initial Hearing/Discharge Information* page will be displayed. This page lists the children with pending hearing or discharge information that is

- less than or equal to 2 years of age
- born at or transferred to logged in user’s facility
- had an initial hearing and/or Hearing re-screening at the logged in user’s facility

This page will only appear the first time the user logs in to the application and will appear again if the user log out and log in again. If the user wishes to view this list again, that can be done by running the report ‘Children Pending Hearing/Discharge Information’ from Hospital Hearing Reports.
Note: The Children Pending Initial Hearing/Discharge/page will not be displayed for Hospital VaCARES users.

User can choose a record from the above list to enter data for the child. This can be done by clicking on the displayed children’s name.

Alternately, you can click INFANT SEARCH link from the left navigation bar and perform a search. To demonstrate querying a child from EBC, we will use the Infant Search method.

**Infant Search**
In the Infant Search page, search can be performed on child’s and mother’s data. Children can be searched within a range of Dates of Birth, VISITS ID, Reporting Facility, VISITS Medical Records Number along with general search items like last name, first name.

Enter as much information available as possible and press QUERY button to see the search results. Please note that the more number of search conditions entered, the more accurate the search results will be.
Infant Search Results

The infant search results will be displayed with basic information about the child, mother and father (whichever is available). Children can be registered through VISITS (explained later in another section). The search results will contain the children that are registered both through VISITS and EBC (birthing centers). To differentiate the EBC and VISITS registered children, a flag is displayed on the page with heading EBC. A values ‘N’ indicates that the child is registered through VISITS while ‘Y’ indicates a EBC registered child.

Note: the CLIENT VIEW link adjacent to the Father’s information will display the infant summary information in a popup window for a quick reference. The window can be dismissed by pressing CLOSE button.
As this example is to use an EBC registered child, click on any child’s name with an EBC flag as ‘Y’ to display the child’s summary.

The blue header bar gives a quick view of Child’s full name, DOB and VISITS ID. Additionally, any pending registration information will be displayed, if any. As of now, the Primary Contact Information is missing. As and when that information is saved, the header will display NONE for Pending Registration Entry.

The EDIT links at the top right corner of each section (child, mother and father) can be clicked to access respective information and also edit if applicable.

Access to VVESTS application for a user is driven by the roles and privileges that are assigned to the logged in user. Notice that the menu options in the left navigation bar change contextually (compare the last two screenshots to compare the menu options).
Child details

Click on the CHILD link from the left navigation bar to view the birth details of the child. Since this child is registered through EBC, as a VISITS user – you cannot change certain data items. Such items are disabled (shown in light gray color).

Admitted to NICU and Race are the items that must be entered. Admitted to NICU is a drop-list with options YES/NO.

A value for Race can be chosen from the list of values which can be invoked by pressing ‘L’.

For fast data entry users can manually enter the value for Race. Application will validate the entered value against the list and appropriate error message will be displayed if an incorrect value is entered.

Note: if Admitted to NICU=YES, additional options for Screening Tests will be available in INITIAL HEARING SCREENING and RE-SCREENING pages (explained in the later part of the document).
Entering data for ETHNICITY is optional. After entering the required information, press SAVE button to commit the changes to the database.

**Mother information**

Click the MOTHER link from left navigation bar to display the mother information. The mother information is entered through EBC so as a VISITS user, you cannot change the data.

Although you cannot change the information on the mother record, you can disassociate the current mother from the child by pressing the CHANGE MOTHER Button.

A message will be displayed asking for confirmation of the action with options to continue and cancel.

If OK is clicked, the Mother Search page will be displayed. User can search for the right mother record and associate to the child.
**Father Information**

Click the FATHER link from left navigation bar to display the father information. This function is similar to the Mother information function explained above.

The Father information is entered through EBC so as a VISITS user, you cannot change the data.

Although you cannot change the information on the Father record, you can disassociate the current father from the child by pressing the CHANGE FATHER button.

A message will be displayed asking for confirmation of the action with options to continue and cancel.

If OK is clicked, the Father Search page will be displayed. User can search for the right Father record and associate to the child.
Contact information

Click on CONTACT INFORMATION link to view the child’s contacts. The purpose of this page is to associate a child with one or more contacts. If the mother information is already entered in EBC, then the mother will be automatically made the Primary Contact. A popup message will be displayed to confirm the action. If OK is pressed, the mother will be made the Primary Contact with ENGLISH as primary language. The page will be refreshed and the Mother will be displayed under EXISTINC CONTACT(S) FOR CHILD section.

The primary contact will be used for main correspondence to the child (ex: letters, phone calls).

Note: Contacts can be individuals or organizations/agencies (ex: adoption agencies, Social Services). A child can have more than one contact but can only have one Primary Contact and Primary contact cannot be deleted.

Pending Registration Entry will now display NONE in the Blue header bar
Create additional contacts for child

To create additional contacts for the child, select the contact and press NEXT button (in this example, select Father)

The Father’s information is pre-populated into the Contact Information page. An address is required to be added as a child’s contact. A new address can be created for the father by pressing NEW ADDRESS under Previous Address section. The address can be entered in the Address section. Additionally, enter the phone details, if available. Finally, choose a value for PRIMARY LANGUAGE SPOKEN from the drop-list. The frequently used languages are placed at the top of the list.

Press the SAVE button to make the changes permanent. The new contact is created and will be listed under EXISTING CONTACTS FOR CHILD.
**Special Circumstances**

The Special Circumstances are unique conditions pertaining to the child, if any. Some examples include but not limited to: poor prognosis, the death of one's mother, adoption.

Enter data for SPECIAL CIRCUMSTANCE DATE, COMMENTS and press SAVE button to commit the Special Circumstances data to the database.

Note: When a Special Circumstance record is created, it will be displayed in the Header portion in Yellow color to catch immediate attention of the user working on this child’s record.
**Provider information**

This page is used to capture child’s provider information. The child can have an individual or a facility as Provider. If the child’s provider is not found in the list of available providers, then the user can create a new provider using this page.

The list of values for the Provider (person) or Facility can be displayed by pressing the ‘L’. Select a value from the list by clicking on the name of the Provider/Facility. Selected value is populated into the Provider page.

*Note: Provider information is optional for entering VaCARES screenings*
Create a new Provider

To create a new Provider, press ADD/UPDATE PROVIDER button in Current Provider Information page. Before you enter a new provider, a search has to be made to make sure that the provider does not exist in the database. Search can be performed on various items like Provider Last name, Facility etc., Enter as much information as possible and press QUERY button.

If no provider is found, search results show no records

Press NEW button to create new provider. The data entered in Search Conditions is pre-populated into the New Provider page thus helping the user enter and save the record fast.
Enter other mandatory information like GENDER, TITLE, and HOSPITAL/FACILITY that the provider belongs to and press SAVE button to commit the new provider information to the database.

Press the CLOSE button to go back to Provider Information page.
From the Current Provider Information page, click on the ‘L’ (Provider Name) for list of providers and select the newly created Provider from the list and press SAVE button to make this new provider a current provider to the child.

Note: A Provider can be associated with more than one facility (as shown in Create New Provider page). In such cases, the provider will be created more than once, once for each facility associated with.
Enter Status Details for a child

Status details are helpful in knowing if the child’s record is closed, if the child received a follow-up, if the family declined etc.

This page will be pre-populated with data if a child is deceased, or if the child has a PASS/PASS in the hearing screenings. There are no screenings yet for child and since the child is not deceased, there is no data in Status Details page, as expected.

Note: Hospital users cannot enter data manually in this page. OFHS users can enter and save data
Infant Summary Data

Click on INFANT SUMMARY DATA link to get a summarized view of the child’s information which includes Mother, Father Information along with Provider information.

The EDIT links at the top-right corner of each section will display respective information in edit more. Alternately, the same information can be accessed by clicking appropriate links from the left navigation bar.

The child registration is now completed. Hearing and/or VaCARES screenings may be entered now.

Note: The DISCHARGE SUMMARY link is now enabled.
**Discharge Summary & Hearing Screenings**

**Discharge Summary**

In VISITS-I, Discharge Summary information is in the same screen as Initial Screening information which caused problems with reporting of post-discharge information and created confusion in reporting and follow-up. So, the flow of the application is changed to collect Status/Discharge information and Initial Screening Results separately.

Only birth hospitals OR transferred to hospitals can enter discharge summary. Only hospital entering discharge summary can enter initial screening.

Click on DISCHARGE SUMMARY link. No discharge summary records were found for this child.

Click NEW button

Enter MEDICAL RECORD NUMBER if this is not pre-populated from EBC data entry.

Click and select NO for DISCHARGED BEFORE SCREENING. (YES will be used in cases where parents refused, transfers etc.)

Enter a date for DISCHARGED DATE (when the child was discharged from the Reporting Hospital)

REPORTED BY is always defaulted to the facility which the logged in user belongs to.

If there are any RISK INDICATORS, they can be tied to this Discharge Summary from this page. Risk Indicators are entered and saved in a different way than VISITS-I. In the old application, free text was entered for Risk Indicators. In VISITS-II, majority of Risk Indicators are categorized and sub-categorized. This will help the users report quality data for such key elements like Rick Indicators used for reporting.

In VISITS-II, Risk Indicators are tied to the screenings than to the child. The Risk Indicators entered at the Discharge Summary will be displayed in Initial Hearing and Hearing Rescreening pages. Users can change/add Risk Indicators in those screenings but those Risk Indicators will be tied to the screenings thus giving an ability to go back and view the history of the Rick Indicators for each screening(s)
The Risk Indicators window displays only few choices but the rest of the choices can be viewed by scrolling the area up/down.

Check the RISK INDICATORS that apply and press SAVE button.

The Discharge Summary is successfully saved. Note that the SAVE button now disappeared from the page indicating that once the discharge summary is entered and saved, it cannot be modified.

Note that additional menu options to enter Initial Hearing screening in the left navigation bar.
A child can have multiple Discharge Summaries (ex: Child transfers to another facility)

One other important feature in this application is the capturing of audit related information (ex: record created by, created date, modified by and date modified). This information is displayed at the bottom of pages, where applicable.

**Initial Hearing Screening**

Only hospital entering discharge summary can enter initial screening. Initial Hearing Screening can be entered only if Discharged Before Screening = NO. Before the Initial Hearing Screening is entered, Provider information must be entered.

Click on INITIAL HEARING SCREENING link.

![Image of Initial Hearing Screening interface]

Enter SCREENING DATE (date on which the child’s Initial Hearing Screening was performed).

Click and select a value for SCREENING SETTING (place where the screening was performed). The list for Screening Setting contains more values but hospital user can only use few values.

Click and select a value for SCREENING TEST (hospital user cannot use all the values from the list)

Enter the name for PERSON ADMINISTERING SCREENING.

Click and select a value for LEFT/RIGHT EAR RESULTS.
REPORTED BY is always defaulted to the facility which the logged in user belongs to.

Note that the Risk Indicators from Discharge Summary are carried into Initial Hearing Screening. Should you decide to change these risk indicators and save the record, you will still be able to view what the risk indicators were initially from the Risk indicators screen (described later in this document)

Upon successfully saving the screening, the SAVE button will be disabled. This screening can no longer be edited by hospital user. Any modifications to the screening will have to be referred to OFHS. Once a screening is entered, it cannot be deleted by hospital users.

**Hearing Re-screening**

The Hearing Re-screening screen can only be accessed after the hospital user has entered an initial screening has been entered. Additionally, although there can only be one Initial Hearing Screening for a child, there can be multiple Hearing Re-screenings as long as the record is not closed. Only hospital entering Initial Hearing Screening can enter Hearing Rescreening.

Click HEARING RE-SCREENING link

Enter SCREENING DATE (date on which the child’s Hearing Re-Screening was performed).

Click and select a value for SCREENING Setting (place where the screening was performed). The list for Screening Setting contains more values but hospital user can only use few values.

Click and select a value for SCREENING TEST (hospital user cannot use all the values from the list)

Enter the name for PERSON ADMINISTERING SCREENING.

Click and select a value for LEFT/RIGHT EAR RESULTS.

REPORTED BY is always defaulted to the facility which the logged in user belongs to.

If the Risk Indicators are changed in Initial Hearing Screening, then the latest Risk Indicators will be pre-populated into Hearing Re-Screening page.

Enter all the required items and press SAVE button to save the hearing re-screening.
If both ear results are entered as PASS/PASS, then previously entered risk indicators would be removed. A message will be displayed to confirm the action.

Press OK button to remove the Risk Indicators. An entry will be created automatically in the Status Details page. The record created will have the Reason Closed as PASS/PASS/HWNL (Hearing With-in Normal Limits). The Blue header bar will display that the child is HWNL.

Since the record is now closed, a message ‘Hospital user can not create Screening since Child is closed’ will be displayed if the users tries to create a new hearing rescreening.
Risk Indicators

The history of Risk Indicators can be found on the Risk Indicators page. Click RISK INDICATORS link.

This page displays the details of Risk Indicators along with the screenings they are associated with. Click on the Risk Indicator Date to view the screening details.
**Hospital Hearing Reports**

To access the hearing reports, click on the HOSPITAL HEARING REPORTS link from the left navigation bar.
The Hospital Hearing Reports main menu page is displayed.

The following reports are available to a hospital user:

- Children Pending Hearing/Discharge Information
- Hospital Infant Status Report
- Monthly Screening Rates
- Monthly Screening Results
- Monthly Screening Results (Listing of all hospitals by month)
- Referral Centers Report
- Report of Reasons not screened

Most of these reports are from the VISITS-I application.

There is a difference in the way the report parameters are entered and the results are viewed. To run the first report, you will need to click on the name of the report, CHILDREN PENDING HEARING/DISCHARGE INFORMATION, from the left navigation bar and enter the criteria to run the report.
Child Pending Hearing/Discharge Information

Upon selecting the first link, the Children Pending Hearing/Discharge Information report parameters page is displayed.

This report generates a list of infants, at your hospital, that still have pending discharge information and hearing screening results. When you first log into the application, this is the report that you see.

It is important to know that every report will not have the same parameter page, i.e. search criteria may be different for each report.

Notice that the REPORTING FACILITY field has been pre-populated. This field has been defaulted based upon your user login information. Whatever facility your username is associated to will be displayed in this field. As a hospital user, you can only run reports for the facility that you are associated to in the system.
Most of the reports include an option to enter parameters with a range. The DATE OF BIRTH field is an example of a date range field. By entering the DATE OF BIRTH, as displayed above, we are trying to search for all pending hearing/discharge records where the child's date of birth is from 11/01/2009 to 11/30/2009.

The RUN REPORT button can be clicked to review the report.
Upon successfully running the report, the Children Pending Hearing/Discharge Information report is displayed.

If you run the report and there is no data displayed, you may have to try different parameters or broaden your search criteria.

Every report will display:
  - the report name
  - the date in which the report was run
  - the search criteria used to run the report

From this screen, you will be able to print the report. By clicking on the PRINT button, at the top of the report, you can easily print the output of the report to your printer.

It is important to know that when a client’s name is displayed on the report as a hyperlink (ONLY if the child is less than 2 years of age); you can click on that name and navigate directly to the client’s record. This functionality is useful for verifying the client's information.
When we clicked on the first client’s name, we were navigated to the CHILD REGISTRATION screen for that client.

From here, you can easily navigate back to the hospital reports by clicking on the HOSPITAL HEARING REPORTS link from the left navigation bar.
Again, the Hospital Hearing Reports main menu page is displayed. From here, you can access any of the reports displayed.
Upon selecting the HOSPITAL INFANT STATUS REPORT link, the Hospital Infant Status Report parameters page is displayed.

This report displays all infants reported in VISITS-II and their status, for the selected period of time.

When entering the search parameters for this report, it is important to know that the date range fields cannot exceed a two year span.
Monthly Screening Rates

Upon selecting the MONTHLY SCREENING RATES link, the Monthly Screening Rates report parameters page is displayed.

This report displays the screening rate, prior to discharge from the hospital. It will show you the total number of children discharged to home by your hospital and out of those, how many were missed, refused and screened.
Monthly Screening Results

Upon selecting the MONTHLY SCREENING RESULTS link, the Monthly Screening Results report parameters page is displayed.

This report displays the total number of infants screened prior to discharge and the results of that screening.
Monthly Screening Results (Listing of all hospitals by month)

Upon selecting the MONTHLY SCREENING RESULTS (LISTING OF ALL HOSPITALS BY MONTH) link, the Monthly Screening Results (Listing of all hospitals by month) report parameters page is displayed.

This report displays the total number of infants screened prior to discharge and the results of that screening.
Referral Centers Report

Upon selecting the MONTHLY REFERRAL CENTERS REPORT link, the Referral Centers Report parameters page is displayed.

This report generates a list of referral centers by city/town.

It is important to know that from this report, you can view or print a list of approved audiologists, infant and toddler centers, pediatricians, local health departments, and other list of centers.
**Report of Reasons not screened**

Upon selecting the REPORT OF REASONS NOT SCREENED, the Report of Reasons not Screen report parameters page is displayed.

This report displays the total number of infants that were not screened. The report is sorted by the reason for not screening; Missed, Parents Refused (other reason), Parents Refused (religious exemption), Transferred to in state hospital and Transferred to out of state hospital.
Create a NEW patient through VISITS-II

In the previous examples, we have searched for an EBC child, completed the Child Registration and entered screening information too. But, there will be occasions on which the child you were about to enter screenings for is either not entered by the Birth Registrar yet OR the child is from out of state. In such situations, the hospital users can VISITS-II application to register the child. However, no child greater than 2 years of age will be created through VISITS-II.

Click on INFANT SEARCH link from VISITS-II main menu. VISITS-II application always requires the users to perform a search before entering new children, mother, father, provider information. This is to ensure no duplicate data is entered. So, users are encouraged to enter as many details as possible in the search page to filter more accurate data.

In this example, a search is performed for a child that’s born on 02/11/2010 with a name DAVID HUSSEY.

Press QUERY button
The Infant Search page returned no records. Click on NEW button to register a child.

<table>
<thead>
<tr>
<th>Child</th>
<th>Mother</th>
<th>Father</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID</td>
<td>EBC</td>
<td>Name [Last, First, Middle]</td>
</tr>
</tbody>
</table>

**Child Information**

The Child Registration page will be opened with all the values used in search page pre-populated. This will help the user reduce redundant entry of data.

The blue header on the top of the page will display helpful information like child details, pending registration entry etc.,

The BIRTH HOSPITAL can be chosen from the list of values. Click ‘L adjacent to Birth Hospital. The list may display first few items on the list but can be scrolled up/down to view other values. Alternately, user can perform a wild-card search to view hospitals (ex: %FOREST% will display all hospitals/facilities with a word FOREST in the name).

The OTHER PLACES OF BIRTH has values like In Transit, Home, Out of State that are useful to track non-hospital births. But, a value for this cannot be entered if BIRTH HOSPITAL is already entered.

Enter DATE OF BIRTH, if it is not already pre-populated from search page. Choose a value for PLURALITY from the drop-list. Examples for Plurality: Single, Twins, Triplets etc.
BIRTH ORDER is 1 when PLURALITY is set to single. However, in other cases, BIRTH ORDER can be 1, 2, 3 so on deepening upon PLURALITY.

DATE OF DEATH is entered if the child is deceased. CAUSE OF DEATH can only be entered if DATE OF DEATH is entered.

Enter child’s FIRST, MIDDLE, LAST names if they are already not pre-populated from search page

Admitted to NICU is a drop-list with options YES/NO. If Admitted to NICU=YES, additional options for Screening Tests will be available in INITIAL HEARING SCREENING and RE-SCREENING pages (explained in the later part of the document).

A value for Race can be chosen from the list of values which can be invoked by pressing ‘L’. For fast data entry users can manually enter the value for Race. Application will validate the entered value against the list and appropriate error message will be displayed if an incorrect value is entered.

Entering data for ETHNICITY is optional. After entering the required information, press SAVE button to commit the changes to the database.

Child is now successfully registered. Note that the Blue header bar has the details of Child (name, DOB, ID) and also Child Registration is removed from Pending Registration Entry

Additional menu items are now available on the left navigation bar
**MOTHER information**

Click the MOTHER link from left navigation bar to display the mother information. Before the mother’s information is entered, a search has to be performed to see if a matching record exists in the database. It is possible if the mother has previous pregnancies registered in VVESTS application or if the mother has ever requested any type of certificate from VVESTS.

Enter Mother’s information and press FIND button. No matching records were found.

Click NEW button to create a mother record. All the values used for search will be pre-populated into Mother Registration page.

If not pre-populated, enter values for MOTHER’S FIRST, MIDDLE and LAST NAMES. Mother’s DATE OF BIRTH is optional. If PIN TYPE = SSN, then PIN is mandatory.

Enter a value for Mother’s PRIMARY RACE or choose from the list of values.

BIRTH STATE or BIRTH COUNTRY (other than USA) is required. After entering all the required information, press SAVE button to create a new record for mother.
Upon successfully saving the record, a message ‘If this is the correct MOTHER’S record, please click on the ASSOCIATE button to associate her with this Child's VISITS record’ will be displayed on the page.

Press ASSOCIATE button to display the confirmation message.

Press OK button to link the mother and child records. CANCEL will undo the action and take us back to Mother Update page.
**Father information**

Entering Child’s father’s information is similar to entering mother’s information. Click the FATHER link from left navigation bar to display the father information. Before the father’s information is entered, a search has to be performed to see if a matching record exists in the database.

Enter Father’s information and press FIND button. No matching records were found.

Click NEW button to create a father record. All the values used for search will be pre-populated into Father Registration page.

If not pre-populated, enter values for FATHER’S FIRST, MIDDLE and LAST NAMES. FATHER’S DATE OF BIRTH is optional. If PIN TYPE = SSN, then PIN is mandatory.

Enter a value for Father’s PRIMARY RACE or choose from the list of values.

BIRTH STATE or BIRTH COUNTRY (other than USA) is required. After entering all the required information, press SAVE button to create a new record for father.
Upon successfully saving the record, a message ‘If this is the correct FATHER’S record, please click on the ASSOCIATE button to associate him with this Child’s VISITS record.’ will be displayed on the page.

Press ASSOCIATE button to display the confirmation message.

Press OK button to link the father and child records. CANCEL will undo the action and take us back to Father Update page.
**Contact information**

Click on CONTACT INFORMATION link to view the child’s contacts. The purpose of this page is to associate a child with one or more contacts. The Select Contact page will be displayed. If mother and father information is already entered, they will be listed as available choices. A new contact can be created and associated with the child from this page.

Contacts can be individuals or organizations/agencies (ex: adoption agencies, Social Services). A child can have more than one contact but can only have one Primary Contact and Primary contact cannot be deleted. The primary contact will be used for main correspondence to the child (ex: letters, phone calls).

To make the mother as (primary) contact, select the option where the mother’s name is displayed and press NEXT button.

The Mother’s information is pre-populated into the Contact Information page. An address is required to be added as a child’s contact. A new address can be created for the mother by pressing NEW ADDRESS under Previous Address section. The address can be entered in the Address section. Additionally, enter the phone details, if available. Finally, choose a value for
PRIMARY LANGUAGE SPOKEN from the drop-list. The frequently used languages are placed at the top of the list.

Press the SAVE button to make the changes permanent. The new contact is created and will be listed under EXISTING CONTACTS FOR CHILD.

![Existing Contact(s) for Child]

Since the Primary Contact Information is entered, note that Pending Registration Entry will now display NONE in the Blue header bar.

Additional contacts (father, grand father, organization) can be created in the same way as described above.

**Provider Information**

Provider information is required to enter Hearing Screenings but not for VaCARES screenings. Please refer to the Provider section under ‘Patient Registration (EBC)’ for details on how to create a primary provider.
Infant Summary

Click on INFANT SUMMARY DATA link to get a summarized view of the child’s information which includes Mother, Father Information along with Provider information.

The EDIT links at the top-right corner of each section will display respective information in edit more. Alternately, the same information can be accessed by clicking appropriate links from the left navigation bar.
**VaCARES Screenings**

**VaCARES/Birth Defects**

This page is used to capture VaCARES/Birth defects information for children

Click on VaCARES/BIRTH DEFECTS link.

If the Birth Registrars have entered any Congenital Anomalies for the child, then a small window is displayed at the top-right corner of this page that contains EBC diagnosis codes. This information is VIEW ONLY.

Enter the MEDICAL RECORD NUMBER.

REGISTRY HOSPITAL is defaulted to the hospital of logged in user.

The ATTENDING PHYSICIAN attending physician is the primary physician of the child during hospitalization. If the name of the attending physician is not known, it can be obtained from the discharge sheet.

Some fields are conditionally required based upon the value entered in another field. For example, if WAS THIS CHILD TRANSFERRED = YES, then THE HOSPITAL TRANSFERRED TO becomes required. Similarly, if IS THE CHILD DECEASED = YES, then the CAUSE OF DEATH becomes a required.

Click and select the SOURCE of the diagnosis (where the diagnosis information is procured or originated).

Enter DATE OF ADMISSION (the date on which the child was admitted into the hospital).

Enter the DATE of DISCHARGE/TRASNFER.

PERSON ENTERING REGISTRY INFORMATION is pre-populated by the logged in user’s ID and REGISTRY ENTRY DATE is defaulted to the current date.

VISITS-II will only accept codes that are “eligible for reporting to VaCARES”. This is a major change from VISITS-I that would accept all ICD-9 Codes

To save a VaCARES record, at least one diagnosis code is required. However, more than one diagnosis codes can e entered. A Diagnosis code can manually entered OR selected from the list of values. When entering the diagnosis codes manually, code can be entered with or without period. Ex: both 1901 and 190.1 are valid. Upon entering a valid Diagnosis Code, the Description is automatically populated.
List of values will always be displayed in a small pop-up window. In cases of voluminous data, page can be scrolled up/down using the scrollbar seen on the right side of the popup window.

Click and select a value for STATUS and enter ADDITIONAL COMMENTS, if any

Press SAVE button to commit the changes.

After the VaCARES record is saved, record audit information will be displayed at the bottom of the page (who created the record and when, who modified and when).
More than one VaCARES records can be created for a child. Press NEW button to create a new Birth Defects record.

**Screening Summary**

Click SUMMARY link to display a summary of child’s screenings. This page may display other screenings that is associated with the child but hospital VaCARES users can only click and view only those VaCARES screenings within the user’s facility.

Click on the SCREENING DATE link to display the details of that screening.
VaCARES Reports

To access the VaCARES reports, click on the VACARES REPORTS link from the left navigation bar.
The VaCARES Reports main menu page is displayed.

The following reports are available to a hospital VaCARES user:

- City and County
- Confirmation of Diagnosis
- Deceased Infants Report
- Diagnosis Report
- Health Districts
- Hospital Reporting
- Hospital Reporting Time
- Infants who have a specific risk indicator identified but do not have the corresponding birth defect (ICD-9 Code)
- Interstate Exchange
- Monthly Automatic Report for Hospitals
- No Cases Reported
- Parents Contact Report
- Race and Ethnicity
- Source of Report
Upon selecting the report link from the left navigation bar, the report parameter page will be displayed.

It is important to know that every report will not have the same parameter page, i.e. search criteria may be different for each report.

To run any VaCARES report, you must enter either the DATE OF BIRTH or REGISTRY ENTRY DATE. To narrow your search results, you can enter additional search criteria, but one of these two fields must be entered.

Notice that the REPORTING FACILITY field has been pre-populated. This field has been defaulted based upon your user login information. Whatever facility your username is associated to will be displayed in this field. As a hospital user, you can only run reports for the facility that you are associated to in the system.

As a VaCARES user, you can filter the report data on one or more of the diagnosis codes displayed. These ICD-9 CODES are only those codes eligible for reporting to VaCARES.
Upon entering the search criteria, the RUN REPORT button can be clicked to review the report.
Upon successfully running the report, the results are displayed.

If you run the report and there is no data displayed, you may have to try different parameters or broaden your search criteria.

Every report will display:
- the report name
- the date in which the report was run
- the search criteria used to run the report

From this screen, you will be able to print the report. By clicking on the PRINT button, at the top of the report, you can easily print the output of the report to your printer.

It is important to know that whenever a client’s name is displayed on the report, you can click on that name and navigate directly to the client’s record. This functionality is useful for verifying the client’s information.
As a hospital VaCARES user, you can also access the No VaCARES Cases screen.

This screen allows the hospitals to indicate that they have no VaCARES cases to report for a given month.

You can access this screen by clicking on the NO VACARES CASES link from the left navigation bar.
The No VaCARES Cases search screen is now displayed.

Notice that the REPORTING FACILITY field has been pre-populated. This field has been defaulted based upon your user login information. Whatever facility your username is associated to will be displayed in this field.

By clicking on the QUERY button, you will be able to see if there are any no VaCARES cases previously reported for your hospital.
For your hospital, the MONTH and YEAR of no VaCARES cases is displayed.

To create a new no VaCARES case, click on the NEW button.
The MONTH and YEAR are required fields. The values for these fields can be selected from the drop down menus.
To save the no VaCARES case record, click on the SAVE button.
The record has been successfully saved.

It is important to know that if a no VaCARES case has been created in error, the record can be deleted.

To delete a No VaCARES case, click on the NO VACARES CASES link from the left navigation bar.
The No VaCARES Cases search screen is displayed.

Click on the QUERY button, to see if there are any no VaCARES cases previously reported for your hospital.
For your hospital, the MONTH and YEAR of no VaCARES cases is displayed.
Click on the corresponding check box for the case that you would like to delete and click on the DELETE button.
The no VaCARES case record was successfully deleted.
**Child transfers**

Children are transferred between facilities. These facilities can be in-state or out of state. When a child is transferred, a Discharge Summary will be entered by the facility transferring. This child will be available for entering data in the facility the child is transferred to. Now, users from the transferred to facility can enter discharge summary for this child (along with screenings, if any). This is a good example to demonstrate how a child can have multiple discharge summaries.

To begin the process of transferring a child, log in to the application and go to VISITS main menu. If the logged in user is a hospital hearing user, the ‘Children Pending Initial Hearing/Discharge Information’ page will be displayed. The transferred children can be identified by looking at the column REPORTING HOSPITAL. Transferred children’s records will have a different facility’s name other than the logged in user’s facility.

Alternately, if the user is a hospital VaCARES user or any user who is not on ‘Children Pending Initial Hearing/Discharge Information’ page – the child transfer process can be started by searching for a child.

Click on INFANT SEARCH link.
Enter child details and click QUERY button. If a matching record is found, it will be displayed.

Click on the NAME of the child to display child’s details.
Assumptions: Child already has Primary Contact Information, and Current Provider Information. For details on how to enter this data, please refer to Child Registration section of the User Guide

Click on DISCHARGE SUMMARY link. No discharge summary records were found for this child.

Click NEW button

Enter MEDICAL RECORD NUMBER if this is not pre-populated from EBC data entry.

Click and select YES for DISCHARGED BEFORE SCREENING. When this field is set to YES, REASON NOT SCREENED becomes mandatory.

Click and select ‘Transferred to in-state hospital’ for RASON NOT SCREENED.

Click ‘L’ for list of values for HOSPITAL TRANSFERRED TO and select a hospital to be transferred to. Unless this combination of data is entered, the transfer will not be possible.

With the above conditions, TRANSFERRED DATE becomes mandatory. Enter a date for this field. DISCHARGED DATA cannot be entered for transfer cases.

REPORTED BY is always defaulted to the facility which the logged in user belongs to.

If there are any RISK INDICATORS, they can be tied to this Discharge Summary from this page. Risk Indicators are entered and saved in a different way than VISITS-I. In the old application, free text was entered for Risk Indicators. In VISITS-II, majority of Risk Indicators are categorized and sub-categorized. This will help the users report quality data for such key elements like Rick Indicators used for reporting.

The Risk Indicators window displays only few choices but the rest of the choices can be viewed by scrolling the area up/down.
Check the RISK INDICATORS that apply and press SAVE button.

The Discharge Summary is successfully saved. Note that the SAVE button now disappeared from the page indicating that once the discharge summary is entered and saved, it cannot be modified.
Click on DISCHARGE SUMMARY link again.

<table>
<thead>
<tr>
<th>Date Discharge / Transfer</th>
<th>Date Created</th>
<th>Discharged Before Screening</th>
<th>Hospital Transferred To</th>
<th>Reported By</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/2019</td>
<td>1/2/2019</td>
<td>Y</td>
<td>CONSERVATORY OF FOREST</td>
<td>VILOSS</td>
</tr>
</tbody>
</table>

Notice that the HOSPITAL TRANSFERRED TO and REPORTED BY are different. Only users from the facility transferred to can enter further discharge summary.

Note: Out of state transfer is also possible.
**Verify the child transfer to another in-state facility**

When the users from the facility transferred to login and go to VISITS main menu, they can view this transferred child listed under ‘Children Pending Initial Hearing/Discharge Information’ page.

Verify that the transferred child is in the list.

Hospital users from this facility can now open the child’s record and enter other information.