

## Virginia Vital Events and Screening Tracking System

### Virginia Infant Screening and Infant Tracking System



Training Session March 2010  
Virginia Early Hearing Detection and Intervention Program &  
Virginia Congenital Anomalies Reporting and Education System  
Hospital Reporters



## Virginia Vital Events and Screening Tracking System: VVESTS

- Virginia Vital Events and Screening Tracking System (VVESTS) went live December 2009 at all Virginia birthing hospitals
- New Virginia Department of Health web-based application for mandated reporting of certain infant and child events:
  - Birth Certificates
  - Newborn Hearing Screening
  - Birth Defects



## VISITS: What will change

- VISITS will become a part of VVESTS in March 2010
- For VISITS Users:
  - New URL and application
  - Security Certificate Installation
  - Security Agreement and Log on request
  - User ID and Password
  - User Support: VDH OIM Help Desk



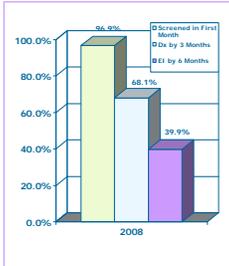
## Why VISITS in VVESTS

- Collect complete and integrated infant and child health information to improve:
  - Early identification and treatment
  - Follow up activities
  - Coordination of care and referrals
  - Surveillance activities mandated by federal and state law
  - Grant reporting requirements



## Virginia Early Hearing Detection and Intervention Program (VEHDIP)

- CDC National Goals (1-3-6)
  - All infants will be screened for hearing loss within the **first** month of life.
  - All infants who fail initial hearing screening will have an audiological diagnosis by **3** months of age
  - All infants who are diagnosed with hearing loss will be enrolled in early intervention within **6** months of life



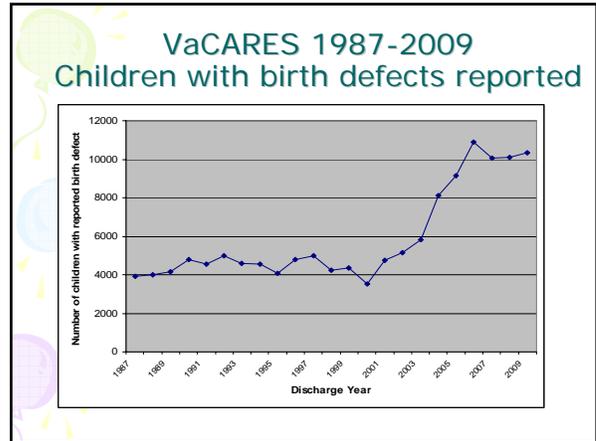
Category	Percentage
Screened in First Month	96.92%
Diagnosed by 3 Months	68.1%
Enrolled by 6 Months	39.9%

## Virginia Early Hearing Detection and Intervention Program (VEHDIP)

- In 2008, 133 infants diagnosed with hearing loss.
- Expected rate of hearing loss would be ~300.
- Approximately 300-500 lost to follow up each year
- VDH has received two additional grants to improve early identification, follow-up, and reporting activities

### Virginia Congenital Anomalies Reporting and Education System (VaCARES)

- Approximately one of out ten infants have a reported birth defect
- VDH and MCH mission to provide family to family support
- Parents have told us information comes too late
- New system will generate referrals for care coordination
- With advances in genetics, accurate data is critically important



### Why data validations are important

- Currently 264,000 clients in VISITS
- In the past five years the number of birth defects has doubled from 5,000 to 10,000 annually-how much is better reporting versus how much are duplicate entries
- 369,487 records updated due to data errors
- 11,333 records, 2,326 screenings and 1,136 clients deleted
- 17,630 potential duplicate records-7,134 merged and 811 deleted
- Of 190,000 eligible clients-170,000 matched with birth certificates

### Overview of Application Changes

VISITS I	VISITS II
Search for infants limited to records in system	All infants in vital records will be in system for use
Child and mother demographics have to be entered for each record	Child and mother demographics will be prepopulated
Client summary not in chronological order	Summary in order to easily understand history of events
Scroll down necessary to see current case status	Users will have summary and important information at top of screen.
No date or address validations	Date, address, and other validations built in to prevent data errors
Multiple free text fields	Most free text fields changed to list of values

### Overview of Application Changes

VISITS I	VISITS II
User accounts not deactivated except upon request	User account will be locked out if not used within 30 days
Data can be entered from any computer	Only computers with security certificates installed will be able to access url
Certain data reports not available to users	Data reports available to hospital users if desired
Programming done by outside vendor	Programming done by VDH-OIM allowing for quicker and more frequent modifications

### Hearing Screening Changes

VISITS I	VISITS II
Initial hearing and transfers can get entered multiple times	Only one entry possible for initial hearing screening Transferred infants auto appear in proper hospital
Hospitals report deceased infants	If infant is expired on birth certificate will be auto populated
Risk indicators must be entered on separate screen	Risk indicators viewable on every screen. Check box implemented. No longer free text. Can be changed at screening for current circumstances. Modified to reflect current national standards.
Hearing totals reported monthly	This is no longer a requirement. Status can be reported on every infant. Post discharge screen added. Ability to report negatives added.
	All infants with no known status will appear upon log-in. Hospital reporting time extended to 14 days. VDH will follow up on infants with no known status to confirm negative results if not entered.

### VaCARES Screening Changes

VISITS I	VISITS II
Both attending and discharge physician required	Only attending physician required
Free text transfer hospital	Drop down list of values
Unknown if defect reported on birth certificate	Birth certificate defects appear in upper right corner
All ICD-9 codes accepted	Only VaCARES eligible codes will be saved. Codes repeated across discharges will be seen.