Missouri Electronic Vital Records (MoEVR)

Hearing Screening Instruction Manual

Missouri Department of Health and Senior Services
Bureau of Genetics and Healthy Childhood
P.O. Box 570
Jefferson City, MO 65102-0570
800-877-6246

Missouri Electronic Vital Records (MoEVR) Hearing Screening Results
User Access Instructions

An application for access to the MoEVR website must be completed and approved from the Bureau of Vital Records before entry of the Newborn Hearing Results can be entered. In order to receive access, an access form must be completed. This form can be requested by emailing the Bureau of Vital Records at moeversupport@health.mo.gov. Once you have received the form, the following information must be completed on the **VITAL RECORDS USER ACCESS REQUEST** form (MO 580-2968). See attachment A.

IDENTIFYING INFORMATION

- **Name**
- **Office Address**
- **Social Security Number**
- **County**
- **E-mail address**
- **Office telephone**
- **Office fax**

Under **ACTION REQUESTED**, check mark **Add User** and **Add Access** if you are not able to currently log into MoEVR. If you already have a current login for MoEVR, just check the **Add Access** box data field. Under **PREFERRED METHOD OF CONTACT**, check the option that applies. Under the **DATA ENTRY BIRTH**, check mark **Hearing Screening Entry Clerk**. At the bottom of the page, under **SECURITY STATEMENT/APPROVALS**, sign under **USER SIGNATURE**. A supervisor in your hospital center/facility will need to sign under the **SUPERVISOR SIGNATURE** and **DATE**. Once the form has been completed, either mail the form to the address listed at the top of the form or to the fax number referenced at the top of the form.

An email from the Bureau of Vital Records will be sent to each person who has completed the access form and will provide a link to complete your access. Once you have clicked on the link, it will take you through steps to choose three security questions and a security image. The email will also contain a username and temporary password to log into MoEVR.

You must use the web browser, Internet Explorer, version 6.026 or higher to access MoEVR.

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF VITAL RECORDS

P.O. Box 570, Jefferson City, MO 65102-0570
Telephone (573) 526-0348 Fax (573) 526-3846

VITAL RECORDS USER ACCESS REQUEST

Send completed form to Bureau of Vital Records at the address above.
(Attach separate sheet if necessary)

PLEASE PRINT

IDENTIFYING INFORMATION

Name (Last, First MI)

Office Address (Street, City, Zip)

Social Security Number - (Last 4 digits only) | County (for Medical Examiner/Coroner only)

E-mail Address

Office Telephone | Office Fax

ACTION REQUESTED
- ☑ ADD USER
- ☑ ADD ACCESS
- ☐ DELETE USER
- ☐ DELETE ACCESS
- ☐ TRANSFER
- ☐ NAME CHANGE

_____
(Former Name)

PREFERRED METHOD OF CONTACT
- ☐ E-MAIL
- ☐ FAX
- ☐ TELEPHONE
- ☐ QUEUE

SELECT ROLE(S) THAT APPLY:

DATA ENTRY: This role will allow data entry of birth records, death records and/or fetal death records. The role allows access to pending queues and may allow submission of birth records, death records and/or fetal death records to the Missouri Department of Health and Senior Services, Bureau of Vital Records.

BIRTH
- ☐ Facility Data Entry Clerk
- ☑ Hearing Screening Entry Clerk

DEATH
- ☐ Physician Data Entry Clerk
- ☐ Funeral Director
- ☐ Funeral Home Entry Clerk
- ☐ Medical Examiner/Coroner Entry Clerk

FETAL DEATH
- ☐ Person Entering Report

CERTIFIER / DECERTIFIER: This role will allow certification or de-certification of birth records, death records and/or fetal death records. The role allows access to pending certification queues and may allow submission of birth records, death records and/or fetal death records to Missouri Department of Health and Senior Services, Bureau of Vital Records.

BIRTH
- ☐ Facility Certifier/Midwife
- ☐ Physician

DEATH
- ☐ Physician
- ☐ Medical Examiner/Coroner

EMBALMER
- ☐ Embalmer

LICENSED FUNERAL DIRECTOR:

License Number _____

LICENSED PHYSICIAN:

License Number _____ NPI _____

LICENSED EMBALMER: These roles are for the purpose of complying with embalming requirements.

☐ Licensed Embalmer _____
     License Number

☐ Student Embalmer _____
     License Number

Failure to comply with embalming requirements constitutes grounds for revocation of license.

Facility: List name and complete address of each facility associated for this user.
Funeral homes: Include funeral establishment license number for each facility.
Physician Assistant: List name and license number for each physician associated with this user.
Attach additional page(s) if necessary.

1) _____
2) _____
3) _____
4) _____
5) _____
6) _____

COMMENT:

SECURITY STATEMENT / APPROVALS

I, the undersigned, an employee of the facility listed above and user of the Missouri Department of Health and Senior Services, Vital Records MoEVR Web system, understand that approval and assignment of the requested ID or approval of the requested change enables me to access the resources which, by law, must be utilized only in the performance of my assigned duties. Therefore, I agree to make no inquiries or updates which are not required in the performance of my official duties. I understand that state and federal statutes require confidentiality of information and provide penalties for unauthorized access, use and/or disclosure of information. Violations or disclosures on my part may result in disciplinary action that could be one or all of the following: (1) suspension or dismissal from the system or (2) civil court action. I agree to keep confidential all information made available to me in the performance of my official duties. In addition, I agree not to divulge or share my password with anyone.

USER SIGNATURE | DATE | SUPERVISOR SIGNATURE | DATE

DEPARTMENT USE ONLY

DIVISION/PROGRAM SIGNATURE | DATE | DIVISION/PROGRAM SIGNATURE | DATE

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Missouri Electronic Vital Record (MoEVR) Hearing Screening Results

Instruction Manual

1. Log into the MoEVR at:

   https://moevr.dhss.mo.gov/moevr/gui/login/welcomeMO.jsp

2. Click on the LOGIN button at the bottom of the page. See screen shot.

3. As shown in the screen shot below, enter your **USERNAME** that you were assigned when you applied for access and click on **CONTINUE** button. Make sure the caps lock and number lock are off before you begin.
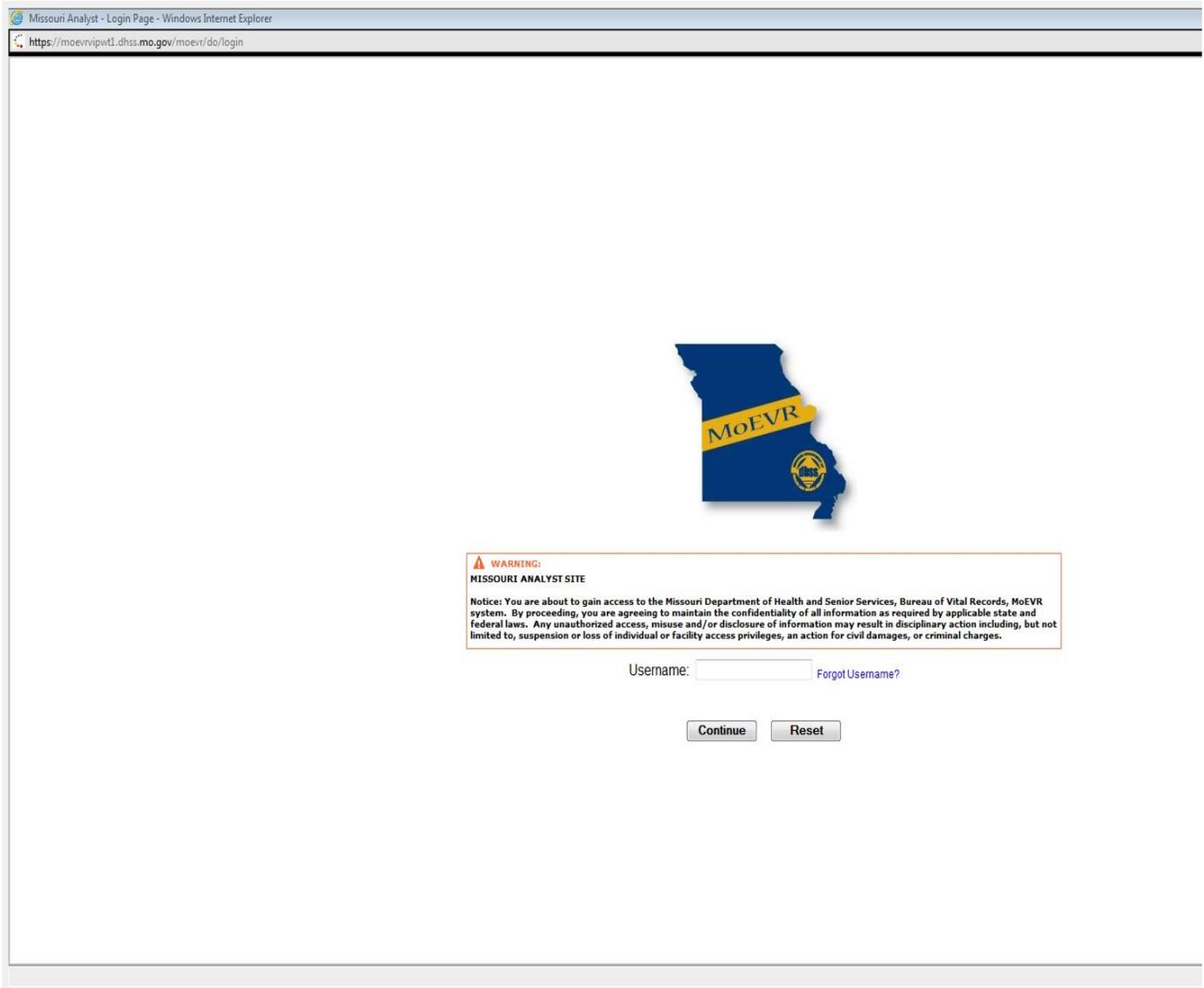
4.   This screen will ask you to enter the appropriate answer to the security question that you previously selected when setting up your access. Click on the **CONTINUE** button. See screen shot below as an example of one of the security questions.

5.   Identify the security image that you selected when applying for access and click on the **CONTINUE** button. The screen shot below is an example of one of the security images.

6. Enter your password you chose when applying for access and click on the **LOGIN** button. Below is an example screen shot.
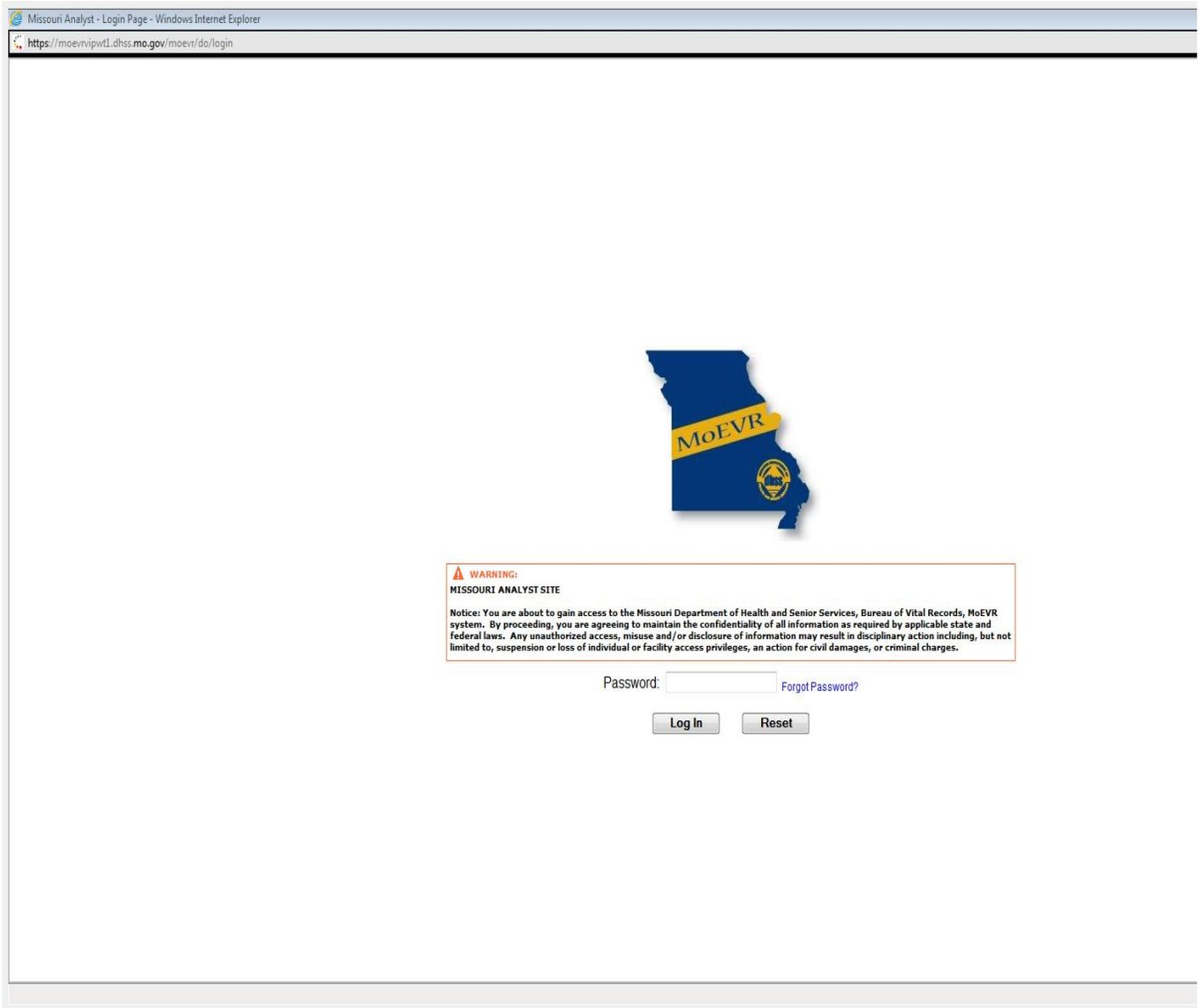
7. Click on "**MAIN**" at the far left of the screen, click on the "**BIRTH"** located below MAIN. See example screen shot below.
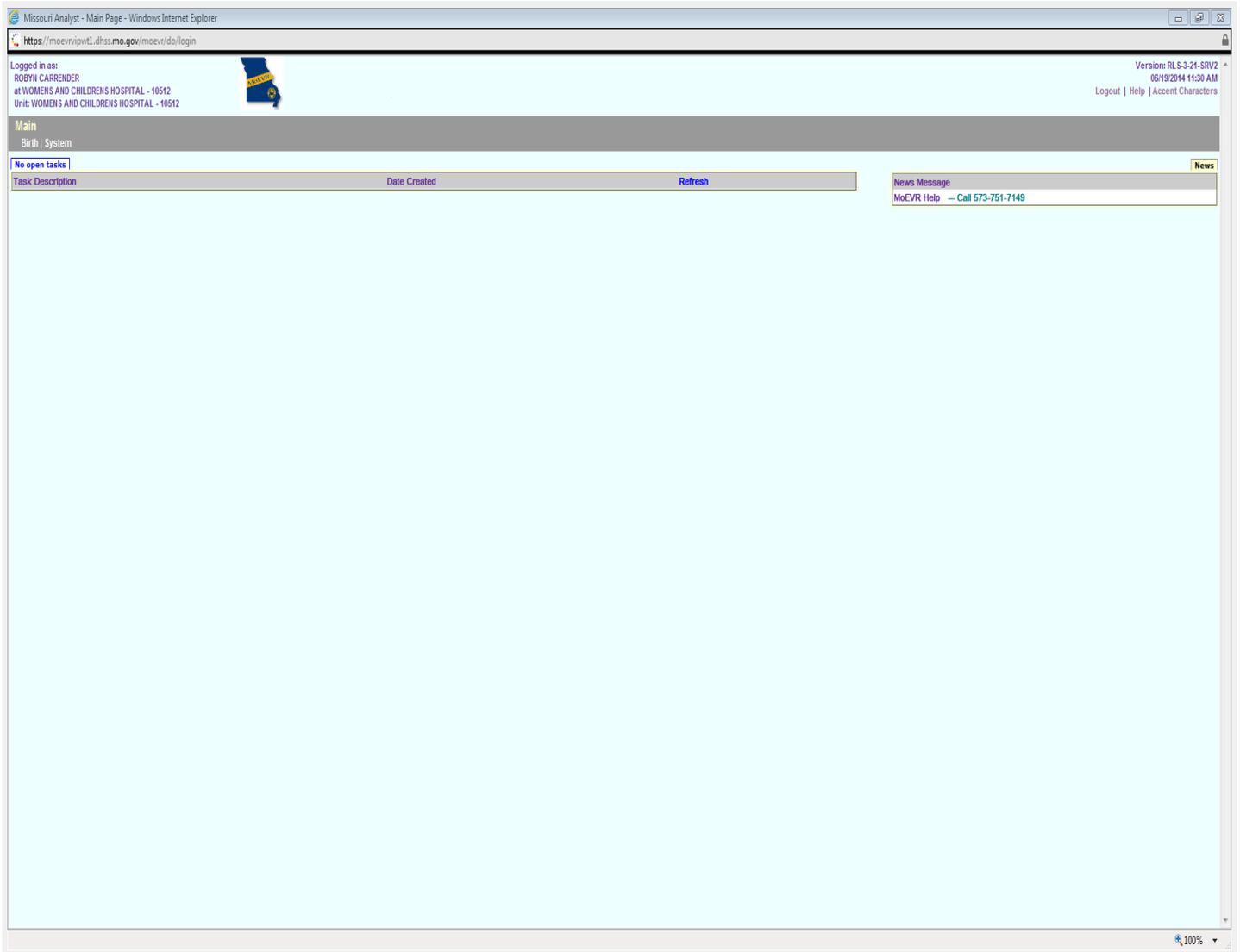
8.   Click on "**HEARING SCREENING**" below MAIN-BIRTH. See example of
      screen shot below.
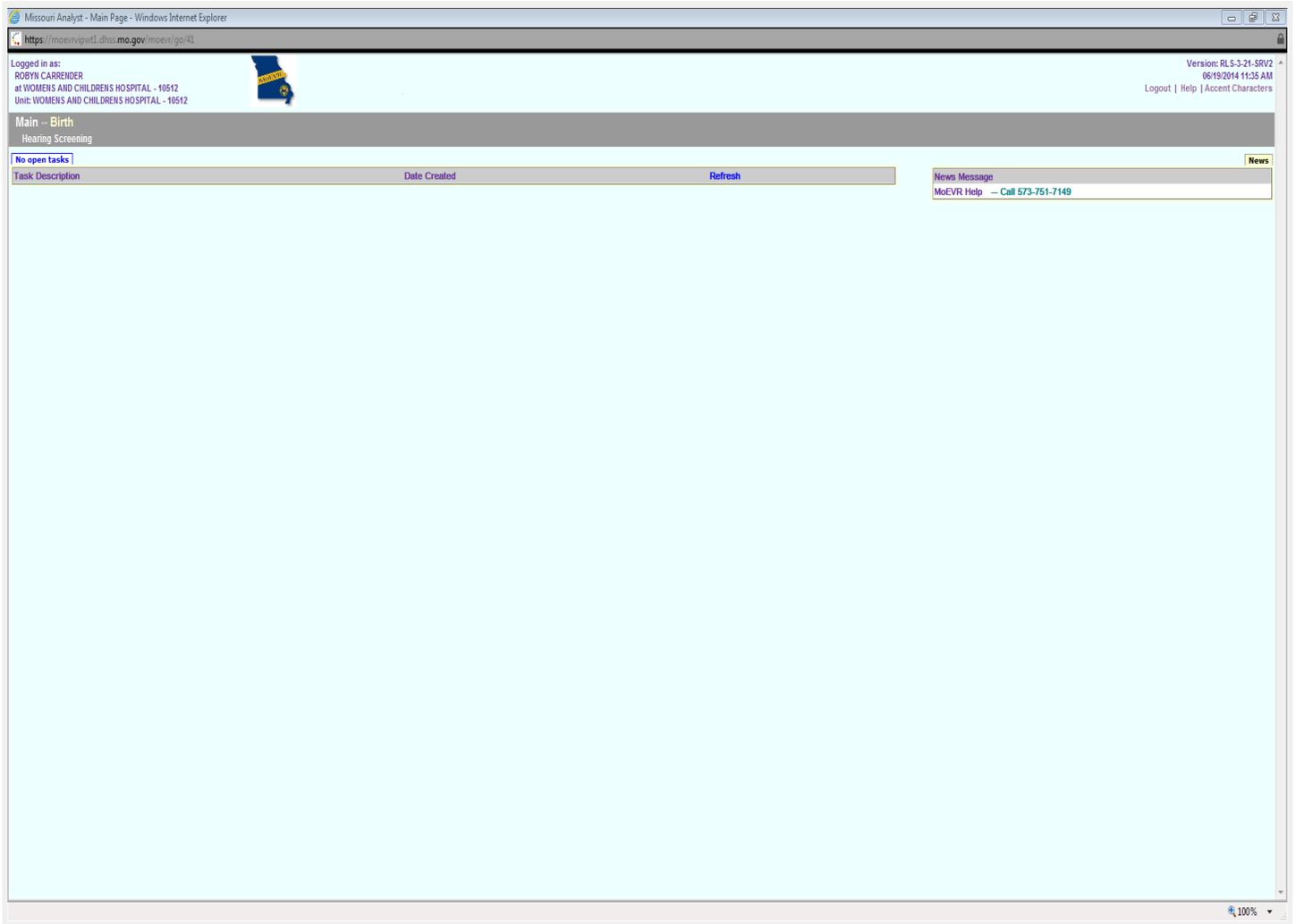
9. Click "**UPDATE**" below MAIN-BIRTH-HEARING SCREENING. See screen shot below.
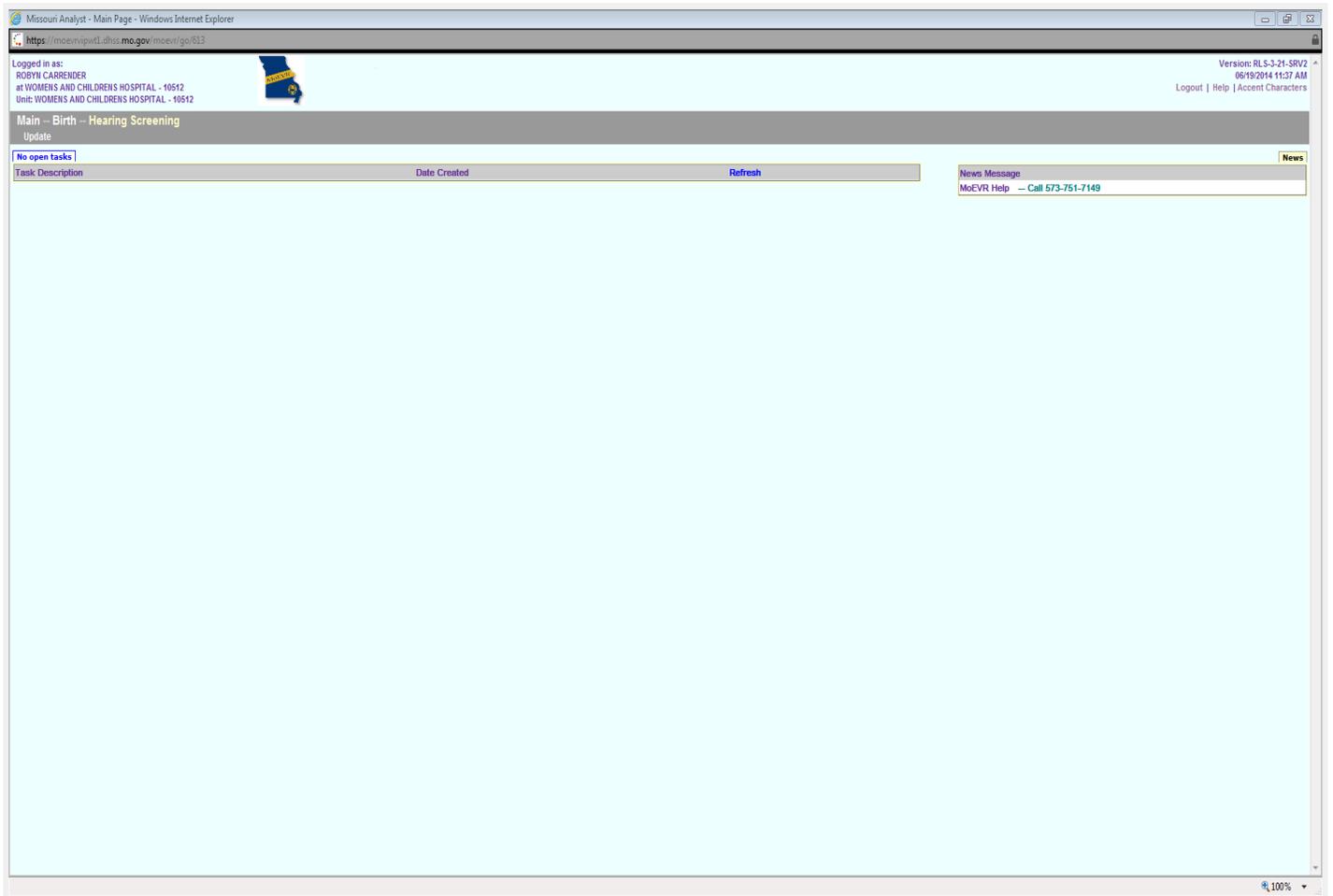
10. Type the following information in the form labeled "REGISTRANT"
See below. Use tab key between text fields.

- First name (of child if given)
- Middle name (if given for child)
- Last name (for child) (**REQUIRED FIELD**)
- Child's sex (From drop down select male, female or undetermined.) (**REQUIRED FIELD**)
- Child's date of birth (Enter as mm/dd/yyyy.) (**REQUIRED FIELD**)
- Mother's Name (Enter mother's first name, last name and maiden name if you have that information.)
- Father's name (Enter father's first name and last name if given.)

11. Once the information on Step 10 has been entered, click the **SEARCH** button. The child's first and last name, date of birth, sex, and mother's maiden name, will appear at the top of the screen. See screen shot below.

12. Click on "**DETAILS**" at the far right of the row in which the baby's name, birth date, sex, and mother's maiden name appears. See screen shot below.
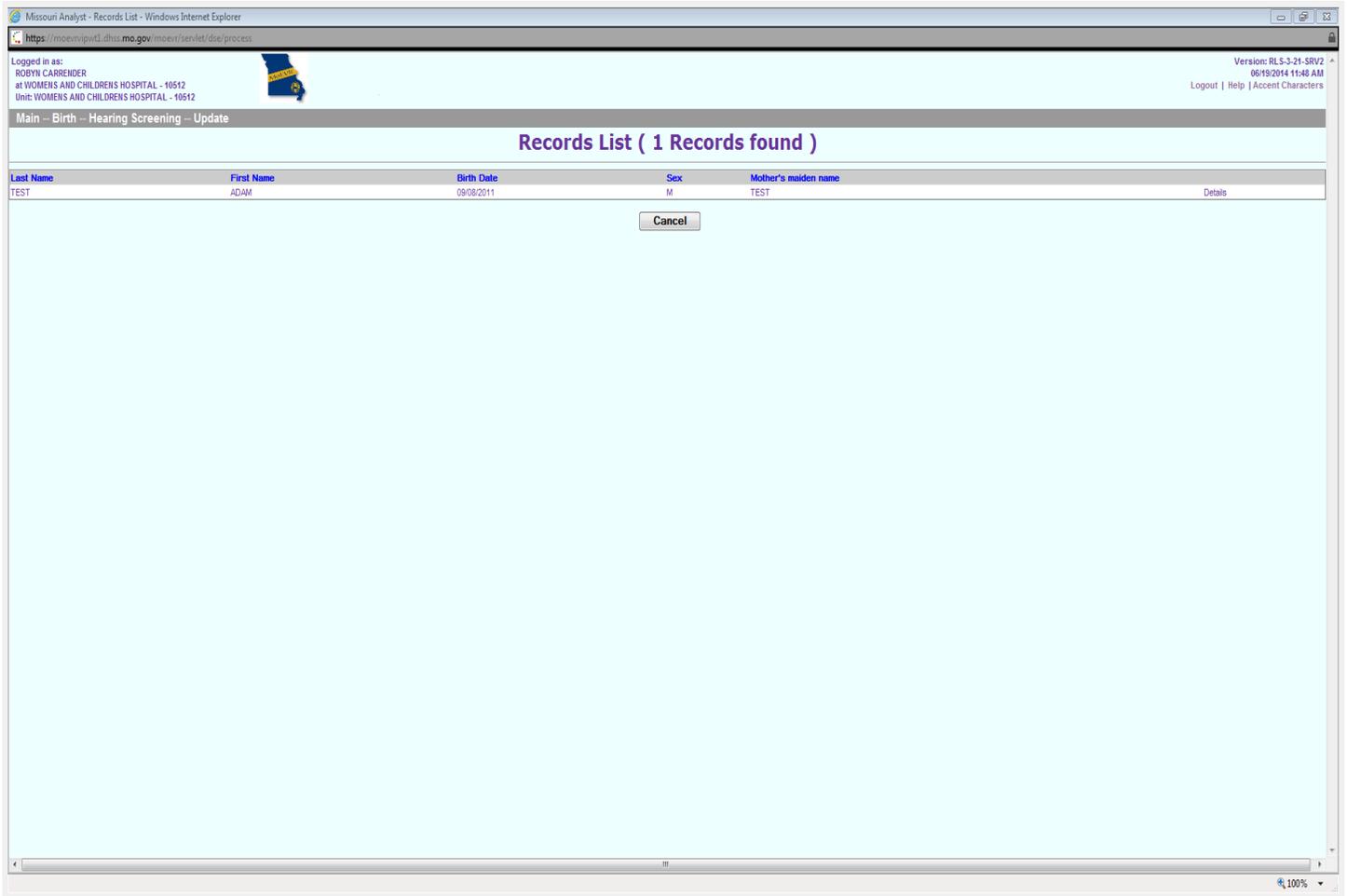
13. After clicking on "DETAILS", the screen below should appear. This is information from the birth certificate entry screen. Compare the paper copy of the hearing screening to make sure this is the correct child, and click the "**CONTINUE**" button at the bottom of the screen. See screen shot below. If this is not the correct child, you need to return to the screen titled "**REGISTRANT**" and re-enter the information to locate the correct baby. If the information is still not a match, it is probably because either the birth certificate has not been entered or the child has a different last name than what was entered on the birth certificate.

14. Another view of the birth certificate portion of MoEVR will appear. Click the "**NEXT**" button at the bottom of the screen. See screen shot below.

15. The Hearing Screening Form screen should now appear. See screen shot.

Enter the information from the hearing screening form in the fields indicated in the screen shot below.

The text fields will change to white after the first entry is completed. If the child's hearing results are Pass/Pass in both ears, or if the child's hearing result is Refer in either ear, the **Reason not Screened** box will remain shaded.

If **Was a Hearing Screening test performed** is indicated with a **NO**, the **NOT SCREENED** section will turn white to be completed.

16. Click the "**Finish"** button at the bottom of the screen. See screen shot. The hearing screening record has now been entered into the MoEVR system.

Infant Hearing Screening -- First::*ADAM* Last::*TEST*

| 1 Baby and Mother | **2 Hearing Screening** |

Hearing Screening

Was a hearing screening test performed? Yes ▼

Hearing Results and Methods

Left ear results PASS ▼ Left ear method OAE ▼

Right ear results PASS ▼ Right ear method OAE ▼

Screening Date

Date of screening (MMDDYYYY) 02/13/2014

Not Screened

Reason not screened Select ▼

Specify other reason

Transferred to name

Facility ID (infant transferred to)

Screening Before Discharge

Did screening occur prior to discharge? Yes ▼

Bloodspot/Hearing Lab Form Number

Bloodspot/Hearing form number H201100004

Re-enter bloodspot/hearing form number H201100004

Discharge Disposition

Discharge disposition HOME ▼

Screener

Screener NURSE RN/LPN ▼

Hearing Risk Factors (check all that apply)

☑ No risk factors
☐ Caregiver concern regarding hearing status
☐ Family history of permanent childhood hearing loss
☐ ECMO
☐ In-utero infection (e.g. CMV, herpes, rubella, syphilis and toxoplasmosis)
☐ Syndrome/physical finding associated with hearing loss
☐ Neurodegenerative disorder
☐ Culture positive postnatal infection associated with hearing loss (e.g. meningitis)
☐ Chemotherapy
☐ NICU stay more than 5 days
☐ Head trauma (e.g. basal skull/temporal bone fracture)
☐ Ventilation support
☐ Hyperbilirubinemia with transfusion
☐ Ototoxic medications (e.g. gentimycin, tobramycin)
☐ Loop diuretics (e.g. furosemide)
☐ Craniofacial anomalies

Other, specify

Newborn's Primary Care Physician/Clinic

Name DR. MARY MARY

Comments

[Previous] [Next] [Finish] [Cancel]

🔍 100% ▼

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17. The final screen is labeled **Successful Transaction**. See screen shot below.
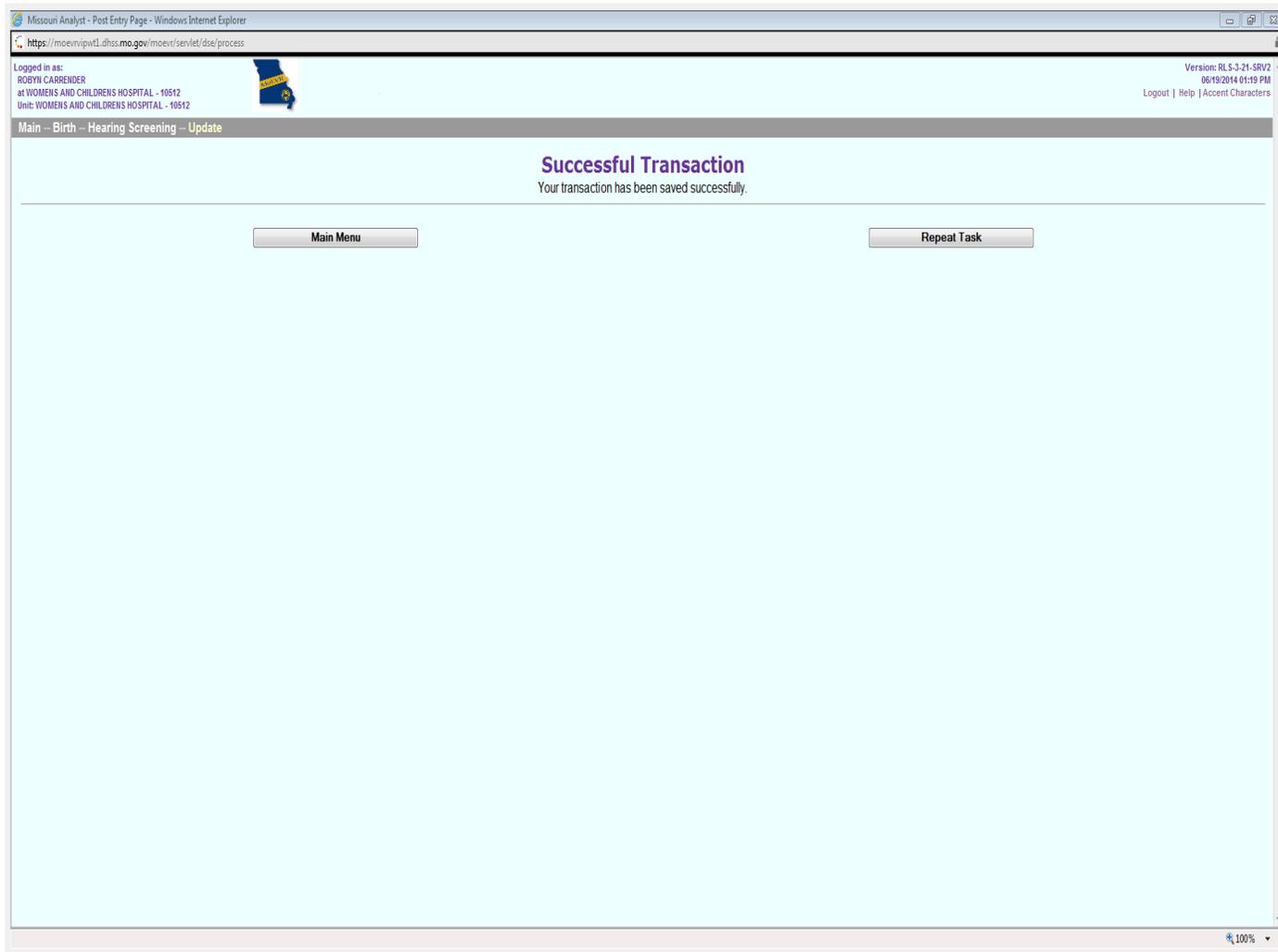
18. Click the **REPEAT TASK** button located on the right hand side of the screen to enter another hearing screening result. See above screen shot. This will populate the **Registrant** entry screen as shown on page 10.

If the **Main Menu** tab is clicked, this will go back to the example on page 7.

If you have any questions or issues regarding technical difficulty getting logging into MoEVR, please call the MoEVR help desk at 1-573-751-7149. For questions regarding hearing screening entry, please call 800-877-6246.