**Colorado EHDI**

**Screening Task Force**

**Meeting Notes**

August 10, 2021

|  |  |
| --- | --- |
| **Attendees** | |
| **Name** | **Role** |
| Heather Abraham | Facilitator & Notetaker |
| Becky Awad | Pediatric Audiologist, Children’s Hospital |
| Arlene Stredler Brown | Facilitator & Notetaker |
| Maureen Cunningham | Hospitalist; Children’s Hospital |
| Sandra Gabbard | Audiologist, Marion Downs Center; LEND @ JFK |
| Jillian Gerstenberger | Pediatric Audiologist & Chief Operations Officer, Pediatrix |
| Leanne Glenn | Newborn Hearing Screening Coordinator, CDPHE |
| Sara Kennedy | Director, CO Hands & Voices |
| Annette Landes | CO-Hear Coordinator; North Region |
| Kelly Miller | Pediatrician; Durango |
| Dawn O’Brien-Taylor | Pediatric Audiologist, Colorado Springs |
| Ashley Renslow | CSDB; Early Education Consultant |
| Jennifer Schryer | Educational Audiologist; CO River BOCES |
| Kristin Sommerfeldt | Audiologist & Instructor; University of Colorado-Boulder |
| Dee Woodard | CO-Hear Coordinator; Western Slope Region |

|  |
| --- |
| **Agenda Overview** |
| **Outcomes:**   * Monitor status of HIDS users * Move forward the work to prepare a NBHS Brochure * Explore intended outcomes for COEHDI regional meetings     **Agenda:**   1. HIDS Update 2. Update on Newborn Hearing Screening Brochure 3. Identify Outcomes and Goals for COEHDI Regional Meetings |

|  |  |  |
| --- | --- | --- |
| **Agenda/Actions/Decisions** | | |
| **Agenda Items** | **Discussion** | **Action/Decision** |
| **Announcements** | COEHDI, with participation of Maureen Cunningham and Leanne Glenn, is working with the Colorado Academy of Family Physicians (CAFP) to develop awareness of COEHDI activities. Ryan Biehle and Erica Pike, from the CAFP, are participating in a variety of meetings and learning more about: (a) HIDS; and (b) involving rural physicians. Leanne sent the link to HIDS training videos to Ryan and Erica.  In the future, Arlene intends to explore engagement of Nurse Practitioners and Physician Assistants.  Dawn O’Brien Taylor shared information regarding an upcoming mini-workshop for the home birthing community. |  |
| **HIDS Update** | The current number of HIDS users fall into these categories: (a) 60 screeners; (b) 18 midwives (one enters data for six midwives; two others enter data for 10 midwives); (c) 52 audiologists (includes 13 educational audiologists); (d) 13 early intervention personnel; and (e) one PCP. There are currently a total of 154 HIDS users.  Bill Vertrees is close to sending out reports to birthing facility screeners and screening coordinators to provide them with site-specific data.  Arlene encouraged people to enter 2020 data into HIDS so that we can have an accurate and complete report for CDC. | All HIDS Users: Please enter 2020 data, in arrears, into HIDS. |
| **NBHS Brochure** | Editing of the brochure continues; we are aiming to finalize the edits by September 2021. Overarching goals of the brochure are: (a) to produce a brochure with an accessible readability level (aiming for a 3rd grade reading level); (b) to encourage families to have their child’s hearing screened; and (c) to produce a brochure that applies to families before their child is born as well as after birth.  The group discussed two items on the brochure to obtain clarification on the direction we are going.   1. Screening procedures: It is important to be clear that the first screen can have two parts, and this is different from a follow-up screening (aka; rescreening). The group discussed ways to clarify the terminology. The group discussed terminology about “up to two screenings in the hospital” and then emphasized the potential need to obtain a rescreen if the child did not pass. 2. Developmental Milestones: We are aware that we need to address milestones in the context of having children with slight, mild and even moderate hearing levels who will demonstrate some, if not all, of the same milestones that hearing children demonstrate. One attempt to address this was to focus on listening milestones rather than speech/language milestones. The group encouraged the writers of the brochure to be careful about the milestones that are shared because parents may take the guidance too literally and not follow up. (For instance, parents may be unnecessarily alarmed or inappropriately reassured.) Another perspective is to omit developmental milestones and to replace these with URL links and/or FAQs and/or a reminder to follow up with their PCP.   Arlene is also working with dulas in addition to midwives. | Arlene will bring this feedback to the subcommittee for further review. |
| **Goals & Outcomes for Regional Meetings** | Colorado has been accepted as one of 10 states to pilot the Virtual Site Visits Project that has been created by NCHAM.  Heather explained our task to explore goals and outcomes for the project.   * Goals state what we want to accomplish; they are not as measurable. * Outcomes are observable and measurable; they identify what people take away from a meeting.   A list of all of the goals, gleaned from small group discussions at our task force meeting in June 2021 includes:   * Align with 1-3-6 benchmarks and Colorado’s process to reach 1-3-6 (JCIH and CIHAC guidelines) * Review statistics hospital will be receiving from CDPHE * Discuss best practices for screening (e.g., calibration, messaging to parents, rescreen both ears if did not pass in one ear) * Identify local resources (needs to be defined) * Build relationships (stakeholders need to be identified) * Utilize family experiences to impact system change (e.g., highlight a parent story) * Address hot topics impacting the system (e.g., microtia, cCMV, non-English speaking families, other risk factors)   Today’s discussion was about the first goal: Bring people together to align with 1-3-6 Benchmarks (JCIH and CIHAC). This focuses on LTF/LTD, and assuring screeners are knowledgeable about what they do and how they do it. The discussion today included these points:   * + At a meeting, an analysis of the reasons benchmarks are not being reached can be discussed.   + Might we reach for 1-2-3 (versus 1-3-6)? What is the timing for this?   + Only hospitals will have access to their screening statistics. Anyone involved in a regional meeting would need to ask the hospital to share their data.   + We need to be aware that some issues are within the purview of CIHAC and/or CDPHE. Does CDPHE want to take the lead to facilitate discussions with birthing facilities about their data and identifying areas of growth? If CDPHE does not opt to do this, what is the role for COEHDI even on an interim basis? It was agreed that someone needs to look at the data and communicate with birthing facilities about their stats and areas for improvement/change.   Leanne stated that CDPHE can share with CIHAC what is happening with hospitals according to the number of births. (They cannot share any data that identifies a hospital). Leanne asked if COEHDI wants this information which was responded to with a robust “yes”. |  |

|  |  |  |
| --- | --- | --- |
| **Next Meetings**  **Meetings of the Screening Task Force are on the 2nd Tuesday of each month from 11:00 - noon.** | | |
| **DATE** | **TIME** | **AGENDA ITEMS** |
| 9/14/21 | 11:00-12:00 | * Finalize NBHS Brochure; formulate recommendation to COEHDI Alliance * Continue discussion to reestablish a system of “regional” meetings |
| 10/10/21 | 11:00-12:00 | TBD |

*A note about accommodations: Beginning February 1, 2021, all Alliance meeting and task force meeting accommodations (e.g., American Sign Language interpreters, Cued Language Transliterators, and/or Spanish translators) must be requested at least 72 business hours or 3 business days in advance.* ***Requests may be made by contacting your task force facilitator****. We will also enable Zoom's Live Transcription feature for all meetings.*