**Colorado EHDI**

**Screening Task Force**

**Meeting Notes**

October 12, 2021

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| **Attendees** |
| **Name** | **Role** |
| Heather Abraham | Notetaker |
| Arlene Stredler Brown | Facilitator |
| Katie Cue | Colorado Commission for the Deaf, Hard of Hearing, Deafblind - Outreach Specialist; & Colorado EHDI |
| Maureen Cunningham | Hospitalist; Children’s Hospital  |
| Deb Draus | Educational Audiologist, Littleton Public Schools |
| Leanne Glenn | Newborn Hearing Screening Coordinator, CDPHE |
| Sara Kennedy | Director, CO Hands & Voices |
| Dawn O’Brien-Taylor | Pediatric Audiologist, Colorado Springs |
| Ashley Renslow | CSDB; Early Education Consultant  |
| Kristin Sommerfeldt | Audiologist & Instructor; University of Colorado-Boulder |
| Dee Woodard | CO-Hear Coordinator; Western Slope Region |
| Karen Brennhofer | Pediatrix/Mednax |

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| **Agenda Overview** |
| **Outcomes:*** Task force members learn about COEHDI and CDPHE initiatives and their roles
* Update on availability of educational audiologists to screen/rescreen
* Increase awareness of the NCHAM Newborn Hearing Screening Training Curriculum
* Awareness of regional collaborations through expansion of NCHAM’s Virtual Site Visit Project
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| **Agenda/Actions/Decisions** |
| **Agenda Items** | **Discussion** | **Action/Decision** |
| **Announcements** | CDC will issue a request for 2020 data in November. CDPHE is planning to submit the report which is due in January. Bill Vertrees will have a limited role supporting CDPHE’s reporting of this data to the CDC. Colorado EHDI is working to ensure that all participants involved in reporting this data have the same interpretation of the early intervention data points.  | Arlene will convene a meeting to address the early intervention definitions. |
| **Educational Audiologists Support for Screening & Rescreening** | Lisa Cannon is developing a resource that will identify the availability of participating educational audiologists in the state. This resource will include: (a) which educational audiologists can screen/rescreen; (b) which will act only as a conduit to other resources in the community (they will not screen/rescreen); (c) the locations (local school districts and/or BOCES) where screening is available; and (d) the months the educational audiologist is available to screen/rescreen. This will be a live link that LIsa will provide to Leanne Glenn who can then share the information with families on request. This information will also be included in the *Roadmaps* which are being updated by CO H&V with COEHDI support. There are currently 13 educational audiologists who are registered as HIDS users; three are active. This number hasn’t changed in several months. Once the transition of Child Find to Part C is made, the role of educational audiologists will be reviewed. Lisa anticipates minimal changes for children with low incidence disabilities. We are awaiting definitive information related to this issue.  | Lisa Cannon is working with Leanne Glenn & Sara Kennedy to create a living document that will act as a resource for families who want to access the services of an educational audiologist.  |
| **NCHAM Newborn Hearing Screening Training Curriculum** | The NCHAM curriculum has been updated: <http://www.infanthearing.org/nhstc/>. Those who complete these modules will need additional hands-on training. Task force members discussed ways to get the word out to screeners about this curriculum. To date, it has been included in the *NBHS Monthly,* we mention it in the COEHDI newsletter, and we are talking about it at virtual site visits. People can earn CEUs for successfully completing this training curriculum. Discussion points made by the group include: * Emphasize this training opportunity to students
* Create a Colorado specific “package” that hospitals could adopt as a way to share training materials.
* Pediatrix makes it a requirement that all screeners complete the curriculum at first hire and annually, in addition to other Pediatrix-specific training. Could other facilities adopt this requirement? Leanne & Sara Kennedy shared that the CIHAC guidelines include training recommendations. However, neither CIHAC nor CDPHE have authority to monitor adherence to the guidelines.
* CDPHE cannot send a specific link regarding a training opportunity to birthing facilities. Leanne did share that she can send a link to a newsletter that references this training.

In general, there is a lot of turnover among screeners. Access to a training curriculum is important.  | Arlene will work with Leanne to link information about NBHS training in CDPHE publications.  |
| **Virtual Site Visits Supporting Regional Collaborations** | Two virtual site visits have taken place to date. We are currently using an NCHAM-sponsored curriculum while expanding it to suit the goals discussed in this task force (e.g., including regional collaborations). Other states participating in this pilot project include: AZ, GA, IL, UT, VT, WV. The people involved in the first two site visits include: Arlene (EHDI Director), Jami Fries (Hands & Voices), Kristin Sommerfeldt (clinical audiologist and faculty at CU-Boulder), and the CO-Hear Coordinator (Dee Woodard and Kelly Doolittle). Brian Hermann, Hannah Glick and a LEND student have expressed interest in participating. Colorado includes more stakeholders (e.g., pediatric audiologist, ENT, CO-Hear Coordinator) than what is required by NCHAM (EHDI Coordinator and a parent). We are using the NCHAM forms to collect information about: (a) the screening system at a birthing facility; (b) training for screeners; (c) equipment; (d) communication with families; (e) screening data (from CDPHE); and more. Our goal is to represent the entire spectrum of 1-3-6 activities during the virtual site visit. One site visit concluded with three recommendations and the other resulted in 10 recommendations. Some examples of the recommendations are: * Use of NBHS brochures
* Information about cCMV resources
* Resources from H&V (e.g., *Roadmaps*, *Loss and Found* video)
* Written procedures and scripts
* Awareness of the NCHAM NBSTC (Newborn Screening Training Curriculum)
* Suggestion to contact PCPs in the community about follow-up
* Awareness of JCIH guidelines (i.e., screen both ears when a baby does not pass in one ear)

Kristin Sommerfeldt noted that the newborn screening process includes more than just hearing screening and that screening personnel may be overwhelmed. They may also be unclear about utilization of minimum practice versus best practice. The VSV process is supportive (rather than punitive) and allows NBHS Coordinators in birthing facilities to talk about what they are doing and for the visiting people to provide resources. In response to Leanne’s question about the use of acronyms, Kristin suggested that acronyms used in newborn hearing screening can be confusing and people are often unfamiliar with them. Leanne offered to spell out CIHAC (as well as other acronyms) when sending reminders to people about upcoming meetings. Dee Woodard reported that her experience with a VSV was worthwhile. She learned how the hospital implements newborn hearing screening. And her attendance was an opportunity to develop a relationship with the hospital, so they know what to do and/or who to call if they have questions and needs. A recommendation by Maureen Cunningham is to invite additional people at a site to attend the VSV. This could include higher level decision makers at the facility and the people involved in the day-to-day hearing screenings.  | Colorado EHDI intends to conduct more site visits, to obtain information regarding trends of needs and then implement some supports based on those needs.Information that is being learned from other states participating in the VSV pilot project will be considered as well. |

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| **Next Meetings****Meetings of the Screening Task Force are on the 2nd Tuesday of each month from 11:00 - noon.**  |
| **DATE** | **TIME** | **AGENDA ITEMS** |
| 11/9/21 | 11:00-12:00 | TBD  |
| 12/14/21 | 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.*