**Colorado EHDI**

**Screening Task Force**

**Meeting Notes**

November 9, 2021

|  |
| --- |
| **Attendees** |
| **Name** | **Role** |
| Heather Abraham | Notetaker |
| Arlene Stredler Brown | Facilitator |
| LIsa Cannon | CDE Consultant for Educational Audiologists and Educational Audiologist for Denver Public Schools |
| 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 |
| Sandy Gabbard | Audiologist; Marion Downs Center |
| Leanne Glenn | Newborn Hearing Screening Coordinator; CDPHE |
| Angela Harder  | Audiology Assistant; Children’s Hospital |
| Jami Koch | AuD Student at CU-Boulder; Marion Downs Center & LEND Trainee |
| 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 |

|  |
| --- |
| **Agenda Overview** |
| **Outcomes:*** Integrating feedback from EHDI stakeholders into ongoing Virtual Site Visit program
* Guiding the interface between VSVs and regional collaborations

**Agenda:**1. Announcements
2. Virtual Site Visits Supporting Regional Collaborations
 |

|  |
| --- |
| **Agenda/Actions/Decisions** |
| **Agenda Items** | **Discussion** | **Action/Decision** |
| **Announcements** | *Schedule Change:* This task force will not meet in December. Happy holidays! See you in January. *CDC data update:* CDPHE will report 2020 data to the CDC. Leanne will be working closely with Bill Vertrees and the Informatics team to identify the process to gather the data. Allison Sedey provided the intervention data for last year’s report. *NCHAM NBHS Training Curriculum (NHSTC):* This is a valuable resource that could be an effective training for all screeners. Pediatrix requires it of all screeners at hire and annually thereafter. COEHDI is distributing information about this do-it-yourself, online training in our COEHDI Newsletter, in the COEHDI *Newborn Hearing Screening Monthly,* andat Virtual Site Visits. *Collaboration between COEHDI & CDPHE:* COEHDI and CDPHE have been meeting and collaborative opportunities are developing. Leanne Glenn indicated that the collaboration has been productive and CDPHE is processing the information that has been shared. | n/a |
| **Virtual Site Visits Supporting Regional Collaborations** | Arlene discussed the two virtual site visits (VSVs) that have been completed to date and our plans to continue the project with six additional sites. * It is notable that our VSV project dovetails nicely with regional collaborations (formerly known as regional meetings). It will be beneficial for screeners to learn about the whole EHDI system in order to increase understanding of the importance of their role. And, by design, the VSV team is multi-disciplinary and reflects the 1-3-6 EHDI program. Each VSV team includes: (a) EHDI Director; Parent from Hands & Voices; Clinical audiologist; and the Regional CO-Hear Coordinator. This team may expand to include an ENT and a PCP.
* We will start the process of personalizing the VSV process for Colorado. The NCHAM VSV team includes only the EHDI Coordinator and a parent. In Colorado, we are expanding the team, in order to emphasize collaboration among 1-3-6 stakeholders. Arlene will be meeting with Ted Maynard (CO-AAP) and Erika Pike (CAFP) to discuss representation of PCPs.
* In selecting the next six sites, we are looking for diversity in these ways: (a) geography, (b) a birthing facility that contracts for screening services; (c) a birthing facility that has recently transitioned from a contracted service to an in-house service; (d) size of the birthing facility (i.e., number of births/year in four categories defined by CDPHE); and (e) presence/absence of onsite audiology oversight.

There is a lot of variability among sites which has become more pronounced with the change in scope of practice by Pediatrix. COEHDI’s goal is to have systemic recommendations to increase the number of babies who are screened/rescreened and to decrease LTF. This task force will be addressing the transition from screening to identification. A task force member reported that current messaging by some PCPs suggests a “wait and see” approach. We aim to have PCPs more proactive in referring families for follow-up. Kristin Sommerfeldt is supervising an AuD student who is also a LEND trainee (and being supervised by Sandy Gabbard). The AuD student is focusing her project on VSVs and the recommendations that emerge from them. Sandy Gabbard suggested including a fourth-year LEND trainee in this work too. Several forms from the NCHAM VSV curriculum were shared. They are currently being edited by the VSV team. These forms, and recommendations for changes, include: 1. *“Nurse Manager” Form:* The form is shared with the NBHS Coordinator on site before the VSV; it is completed during the site visit through an interview process. The form gathers information about: (a) available support materials; (b) outpatient follow-up procedures; (c) communication access for families; (d) sharing NBHS results with families; (e) sharing NBHS results with the PCP; (f) follow-up processes (e.g., medical follow up, cCMV, family involvement, early intervention); and (g) equipment, supplies, and calibration.
2. *Data Form:* COEHDI does not have access to facility-specific data. To date, each facility has shared the information they received from CDPHE with COEHDI.
3. *Birth Facility Contacts Worksheet:* This is a comprehensive list of people who are involved in various aspects of the screening process, follow up, and supervision. One member of the task force asked if this could be a living document due to frequent turnover at hospital facilities. Another recommendation included simplifying the number of contacts on the form as much as possible.
 |  |
| **Wrap Up: One Word Checkout** | These are the words task force members used to describe our current work: fantastic; progress; snail-pace but forward; “better late than never”, tortoise progress - slow and steady; informative; comprehensive; onward; innovative - using technology to provide access |  |

|  |
| --- |
| **Next Meetings****Meetings of the Screening Task Force are on the 2nd Tuesday of each month from 11:00 - noon.**  |
| **DATE** | **TIME** | **AGENDA ITEMS** |
| January 11, 2022 | 11:00-12:00 | * Process for transition from screening to diagnostic/identification services when needed.
* Update on Colorado’s adaptations to NCHAM VSV materials
 |
| February, 8, 2022 | 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.*