**Colorado EHDI**

**Screening Task Force**

**Meeting Notes**

March 8, 2022

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| **Attendees** | |
| **Name** | **Role** |
| Heather Abraham | Notetaker; Co-Facilitator |
| Becky Awad | Clinical Audiologist; CHCO |
| Arlene Stredler Brown | CO-Facilitator and Notetaker |
| Lisa Cannon | CDE Consultant for Educational Audiologists and Educational Audiologist for Denver Public Schools |
| Stacy Claycomb | Audiologist, UCHealth |
| Katie Cue | Outreach and Consultative Services Manager and Deaf Specialist; CCDHHDB |
| Deb Draus | Educational Audiologist; Littleton Public Schools |
| Brenda Elliott | Parent; Hands & Voices |
| Sandy Gabbard | Audiologist; Marion Downs Center & LEND Representative at JFK Partners |
| Leanne Glenn | Newborn Hearing Screening Coordinator; CDPHE |
| Brian Herrmann | Pediatric ENT: CHCO |
| Dawn O’Brien-Taylor | Pediatric Audiologist in CS |
| Ashley Renslow | CSDB; Early Education Coordinator with Outreach Dept. |
| Kristin Sommerfeldt | Audiologist & Clinical Asst Professor; University of Colorado-Boulder |
| Christy Taylor | NBHS Program Manager; Pediatrix |
| Dee Woodard | CO-Hear Coordinator; Western Slope Region & San Luis Valley |

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| **Agenda Overview** |
| **Outcome:** Increase understanding of 2020 NBH Statistics |

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| **Agenda/Actions/Decisions** | | |
| **Agenda Items** |  | **Action/Decision** |
| **Announcements** | **National EHDI Conference:** The conference is next week. The Colorado Stakeholder Meeting will be held during the scheduled EHDI Alliance meeting on Friday, March 18 from 10:00 - 11:30.  **Virtual Site Visits (VSVs):** We have conducted four VSVs to date and are working to schedule a fifth. Members of the VSV team include: Jami Fries (H&V), Kirsten Sommerfeldt (Audiologist), Maureen Cunningham and/or Kirsten Nelson (CO-AAP), and the regional CO-Hear Coordinator. An AuD student and LEND trainee, Hannah Wilson, usually attends. Meetings are interactive and utilize an interview format to collect and share information. More information will be shared in the not-too-distant future that identifies the themes we are collecting from birthing facilities. |  |
| **OAE Equipment Donation** | Six functioning OAE units have been donated by CHCO. Hands & Voices has accepted this equipment. Colorado EHDI has acquired and/or been given the names of midwives who would like to have equipment. We are analyzing the characteristics of these midwifery practices (e.g., number of births/year, number of counties served, number of practices who will benefit from one piece of equipment, etc). At least one midwife shared, without being asked, that she would screen other midwives’ clients if she receives OAE equipment. Discussion points include:   * Leanne Glenn asked if there were two midwives who were geographically close and might be willing to share the equipment. Dawn O’Brien-Taylor mentioned that many midwives are uncomfortable having other midwives conduct the screening for their clients. * Since we have more than six midwives who express interest in having equipment, we will want to be intentional about the criteria we use to identify who will receive the units. Dawn O’Brien-Taylor suggested that families in rural areas could be a priority due to reduced access to screening resources. * Sandy Gabbard indicated that WY has distributed their OAEs to their Department of Health’s regional offices. Leanne stated that CDPHE does not have guidance related to this; she asked if there is national guidance. Sandy is unaware of any national guidance. * Sandy Gabbard stated that there was a one-time distribution of OAE equipment by the previous EHDI Coordinator. She mentioned that there had been some challenges with the previous equipment distribution (e.g., who was responsible for calibration and upkeep of the machines). * Arlene learned from EHDI Coordinators in other states that it is valuable to state the conditions associated with receipt of the equipment (e.g., who is responsible for repairs, calibration, purchasing disposables, etc). In addition, each midwife will be responsible for supplying a hard drive; MSR has offered to load the software onto each hard drive. * Kristin Sommerfeldt pointed out that training in NBHS and knowledge about referral sources will need to be provided to each midwife receiving the equipment. Hannah Glick is available, through her contract with COEHDI, to provide this technical assistance. * Arlene hopes to encourage all midwives receiving equipment to access the NCHAM Newborn Screening Training Curriculum (NBHTC). * Brenda Elliott made a suggestion to track the equipment; Arlene asked her to follow up with her colleagues at H&V to create a system to do this. COEHDI will participate on request. * A suggestion was made for midwives who accept the equipment to submit a letter of intent to support the EHDI screening program. * Kristin Sommerfeldt suggested we consider giving priority to midwives who have expressed an interest in getting OAEs. Task force members agreed to publicize the availability of OAE equipment to *all* midwives. Conditions and expectations for use of the equipment can be shared along with the announcement about its availability. | We will need to be clear about our expectations in sharing the OAE equipment so that midwives are aware of the supports provided by COEHDI &/or H&V.  Training and knowledge of referral sources will need to be provided to midwives who receive OAE units. Hannah Glick is available to provide TA (funded by COEHDI).  Arlene will share information that she received from other EHDI Coordinators around the country about how to develop and maintain a program related to the distribution of OAE equipment to midwives. |
| **2020 CDC Data** | A summary of the 2020 data was shared with task force members; it included analyses using percentages along with number counts. Hopefully, this makes the data more meaningful to those reviewing it. The data accompany these meeting notes.  These topics, related to the 2020 data, were discussed by task force members:   * Arlene and Leanne noted that the HIDS database was launched on October 6, 2020. Therefore, all HIDS users needed to enter data in arrears for more than nine months. This may have had an impact on the completeness of the data that was reported to the CDC. * Leanne reported that staff shortages at facilities may also have influenced data entry. Some of the data may be lost to documentation (LTD). * Brenda Elliott asked if the data included military hospitals; Leanne indicated that it does. * Leanne explained why we have data for only 109 children rather than the 185 children who are enrolled in early intervention services. We know that a lot of the audiologists did not have access immediately after the database was launched. In addition, an audiologist who works at a different facility than the one where the child was born (and most likely screened) would have to “break the glass” on each case in order to enter diagnostic data. This, too, may have created a LTD issue. * A group of stakeholders from CDPHE, COEHDI, CSDB and Part C have met to clarify the definitions for “referral” and “enrollment” in Part C. The role of the CO-Hear Coordinator is unique to CO so there are no guidelines from CDC regarding their role in our system.   + Leanne shared that “enrollment in Part C” for 2020 data was the date of the initial IFSP. This decision was made based on the field that was most populated in the HIDS database. * Brenda Elliott encouraged continued analyses of the data to maximize the ability to accurately report data to CDC. * Leanne stated that difficulties regarding the 2020 report were twofold: (a) people were entering 2020 data in arrears; and (b) CDPHE had to create the HIDS system to interface with the data fields requested by the CDC. There may be some changes in future years based on lessons learned when reporting 2020 data. * Sandy Gabbard suggested defining “hearing loss requiring intervention.” Some conductive hearing loss may have a medical or surgical treatment at some point and therefore would not necessarily be described as permanent. Leanne stated that transient hearing loss is currently reported to the CDC. * Dee Woodard shared that the HIDS database does not offer a way to input comments (e.g., if the family initially refused services and came back into the system a year later). In this example, it would appear as if the child had not been identified and entered into the system to receive EI services at an early age. Dee requested that there be a comment box to allow for more information to be documented, especially for late-identified children.   + Leanne stated that HIDS cannot have comment boxes because this would be the equivalent of an electronic health record (EHR), and it cannot be changed by CDPHE (although she empathizes with the frustration of the CO-Hear Coordinators about this issue).   + Brenda Elliott asked who owns the EHR information (i.e., the clinic of record). Leanne was unsure who owns that information. Brenda pondered if we could request copies of exported reports of the EHR to help us learn more and gain more accurate data. Leanne indicated that the EHR is not her area of expertise, though her division director has some expertise in this area.   + Arlene emphasized the commitment of CDPHE to meet HIPAA requirements which limits data sharing at this time. Currently, COEHDI, H&V, pediatricians and other providers do not have access to data. Only individual birthing facilities receive their own data. There are conversations currently being held about data sharing among agencies in the future. |  |

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| **Next Meeting** | | |
| **DATE** | **TIME** | **AGENDA ITEMS** |
| TBD | 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.*