**Colorado EHDI**

**Screening Task Force**

**Meeting Notes**

June 14, 2022

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| **Attendees** |
| **Name** | **Role** |
| Heather Abraham | Facilitator & Notetaker |
| Karen Brennhofer | Audiologist and Clinical Manager for Pediatrix |
| Arlene Stredler Brown | Facilitator |
| Stacy Claycomb | Audiologist; University of Colorado Health; Co-Chair CIHAC |
| Katie Cue | Outreach and Consultative Services Manager and Deaf Specialist; CCDHHDB |
| Maureen Cunningham | Pediatric Hospitalist & Chapter Champion of the Colorado AAP |
| Jami Fries | Executive Director; Colorado Hands & Voices |
| Sandy Gabbard | Audiologist; Marion Downs Center |
| Leanne Glenn | Newborn Hearing Screening Coordinator; CDPHE |
| Hannah Glick | Audiologist and Lecturer, CU-Boulder; Contract audiologist with COEHDI |
| Linda Hertzberger-Kimball | Audiologist; Kaiser Permanente |
| Dawn O’Brien-Taylor | Pediatric Audiologist in CO Springs |
| Romona Pearce | Pediatarix/Mednax |
| Kristin Sommerfeldt | Audiologist & Clinical Asst Professor; University of Colorado-Boulder; Contract Audiologist with COEHDI |
| Dee Woodard | CO-Hear Coordinator; Western Slope Region & San Luis Valley |

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| **Agenda Overview** |
| **Agenda:*** Announcements
* Virtual Site Visits
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| **Agenda/Actions/Decisions** |
| **Agenda Items** |  | **Action/Decision** |
| **Virtual Site Visits** | Kristin Sommerfeldt provided information from all Virtual Site Visits (VSVs) to date highlighting recurring themes and prioritizing discussion topics. You can link to this information here: [VSV Site Themes](https://docs.google.com/document/d/1D0VEEg_0pRXPNkXoOnz94CjPEp91NLDsKQaM28yJllQ/edit?usp=sharing). A review of three discussion topics follows. 1. **In-Patient Training of Screening Personnel**

The hospitals that conducted VSVs all had some type of training. Sites provided this on-site; often led by the in-house NBHS Coordinator. Most sites are not using a training curriculum (e.g., NCHAM has a good one that is recently updated and includes a do-it-yourself set of modules). Pediatrix has their own training curriculum. Hospitals do not report any consistency about the use of scripts to deliver hearing screening results. Pediatrix uses scripts in all their facilities. There was quite a bit of discussion about the use of scripts that included pros (e.g., appropriate vocabulary, appropriate urgency for follow-up as indicated, accurate information) and cons (e.g., too robotic, hard to connect with families). There are no consistent training requirements for screeners in the State. (Arlene reported that this does exist in many other States.) The NCHAM curriculum is available, and its use is encouraged at VSVs; but it is not required in Colorado. Hospitals, birthing centers and midwives have autonomy as to how they train screeners. Leanne shared that she has received phone calls from three Hispanic families (screened in three different hospitals). They are uncertain about the hearing screening results. Her action is to direct the family back to the facilities where the child was born with the hope that they get this information and that a translator will be available to ensure the information is delivered in the family’s language. As for action steps, emphasis was placed on: * using scripts as a guideline (e.g., provide talking points) that would allow people delivering screening results to make a connection with each families;
* Identifying next steps for a family;
* providing materials to NBH Screeners about scripts (e.g., handouts, education, more discussion during VSVs);
* including parent input about any information shared should we undertake making a CO EHDI product (e.g., selecting words/phrases to use as a guideline for screeners);
* making a COEHDI video to supplement in-house training;
* ensuring information is culturally appropriate and that information is available in multiple languages. (Some hospitals report providing access to pre-recorded scripts in any language.)
* continuing to use the *NBHS Monthly* to link to training opportunities, including scripts;
* considering a review of the scripts that have been created (e.g., NCHAM, Hands & Voices, others), personalizing it for COEHDI (i.e., include our logo); and
* distributing information about scripts. (Might we send a product out as a gift to every birthing facility, birthing center and midwife?)
1. **Inpatient Screening Resources**

The group discussed the distribution of the CO EHDI NBHS brochure. A discussion was held describing the pros and cons of providing information to families *before* the screening is being conducted (e.g., in birthing classes, right before the screening is done). After the birth, there is a lot of information being provided to families that includes various screenings (e.g., bloodspot, hearing, pulmonary). There is local autonomy regarding what information is shared and when it is shared. In summary, the group agreed that the priority is to focus on sharing hearing screening results **after** the child is born in order to ensure families are aware of the need for follow-up.1. **Inpatient Screening Attempts**

Kristin shared information regarding the number of screening attempts during an in-patient (IP) screen. The JCIH recommends two attempts. Arlene pointed out a curious situation in Colorado wherein there is no oversight of screening programs. These are the factors in play: (a) CDPHE has access to data on hospital refer rates; (b) COEHDI (not CDPHE) has an audiologist, Hannah Glick, who can work with facilities that exceed the recommended 4% refer rate; and (c) CDPHE cannot and/or will not share hospital-specific data. In most states, oversight is provided from the state level. COEHDI has the capability to provide technical assistance but we do not have access to the data. There is functionally no oversight to ensure best practices are being followed. Notably, while COEHDI conducts VSVs and provides recommendations to each site, there is no mechanism to assure recommendations are implemented. Karen Brennhofer stated the importance of tracking screening data so that trends can be monitored. The current VSV project fills a gap. (This monitoring in most states resides in the state health department.) A recommendation was made to bring up this issue in various meetings including (a) the COEHDI Alliance meeting on 6/17/22; and (b) during the CDPHE strategic planning. Leanne encouraged people to discuss this topic in strategic planning meetings. 1. **Transition to Diagnostic Evaluation:** This topic will be addressed at a future meeting as we ran out of time today.
 | Arlene & Heather will consider some type of COEHDI product based on the recommendations under “A” below. All: If you participate in the CDPHE Strategic Planning process, please highlight any issues, such as “C” below, that you find to be of concern.  |

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| **Next Meeting** |
| **DATE** | **TIME** | **AGENDA ITEMS** |
| August 9, 2023 | 11:00-12:00 | TBD |

*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 of the meeting.* ***Requests may be made by contacting your task force facilitator****. We will also enable Zoom's Live Transcription feature for all meetings.*