>> I have the best job in the world. Like I love my new job.

I'll explain really fast what I do. Trying to take care of some of what Ryan is talking about.

I'm the care coordinator at statewide outreach center, a parent of two deaf kids and when a baby is identified in the system I'm able to access them, reach out and call that family and I'm not going to just call one or two times. I'm going to call until they tell me don't reach out to me anymore. I can also text them which we know is what most of the parents do these days and I'm going to make sure they're connected to their local resources so they are getting the intervention they need and I'm going to keep reaching out to them until we get them to the places they need to be locally and then whatever other resources they want.

Statewide. But then it's helping to get them to 136. We also have someone here who works with pre-identification and helping to get them to the next step. So we can get to the identification part..

>> So, yes, and that's what hers is funding, too, because hers focuses family support and we've seen the increase. Shelly has partnered with THI and I know looking to partner with more for the non-traditional part C reporting so we can make sure we do that. But again the partnership is great because health services doesn't understand modalities. Family support services, local education. That's what SOC does and their formal established and partnered in the Eddie system.

They're a stakeholder. But getting ECI's buy-in to utilize and leverage that capacity is something we need to figure out.

I've got some questions. If anybody wants to answer I'm new.

I'm kind of new, Covid happen and everything. So the first conference was Kansas City. I was fresh faced, thought we were going to change the world. We still will it's just going to take a little bit longer but I need to know from you, you guys have been here a long time. You guys have been involved in this, put your heart and soul into this for so long. What was existed or supported by Teddy that added value to the system in the past that isn't here or you don't really know about anymore? Anybody? I'm asking for criticism.

>> The birth to three leadership council, the stakeholder --

>> Stakeholders, yes. Thank you.

You're validating -- that's my biggest push as we start to --

because we're doing a reset kind of with all the new staff members, new team, yes.

Stakeholders is critical. Before we even make decisions to move forward we're setting our path forward. That's great feedback and it's validating. I feel that. Anybody else?

>> I thought we have relationship development that had gotten better.

[ Indiscernible ]

>> No. It's not. It hasn't. And I don't want to speak bad about another state agency. We all are seeing these babies and we love these babies and families. So we're invested in a different way than a contractor with an ECI program who gets a referral is. And their protocols and processes maybe need to be adjusted to better reflect the needs of the families they serve but again, that's not our place to shape ECI policy. It's the place of parents, non-profits.

Family advocates to be putting a spotlight on it about the need.

It's not on me.

 [ Indiscernible ]

>> A Teddy conference. Okay. Are you guys going to host the first one? The first renewal one. I think that's a great -- it's a good idea. I think I would love you guys --

>> [ Indiscernible ]

>> I'm curious.

>> They're much like a regional summit.

>> Okay.

>> Teddy conference.

>> A Teddy conference. Well, if you're on our stakeholder group and we decide as a stakeholder group this is something we need, I would love for you to suggest that and for us to rebuild it if it's something that's really needed. We need to improve a lot. Yeah. I get it.

>> Mary Hubig is doing a lot together with the HCI people to iron out what the problem is.

>> Well, I don't know -- sorry.

>> Sorry.

>> So when you're talking about Maury we -- at the statewide outreach center we recognize there were things we could do.

We partner with regional day school programs who go and serve with ECI because they have got the MOU's so they serve the birth to 3 in their areas typically. Some local education agencies do but most of the time it's RASPDs. Last year SOC wanted to make sure local connections. Maury was our birth to 3 specialist and so with Maury and Shelly we set up these meet and greets and so what's happening is in the local areas regional day school program teachers, parent advisers, any other providers are invited as well as ECI providers. So they come to the table and say hey, what's working well communication-wise to make sure our babies are identified and getting them services, what's not working well. Maury has moved the position. She's over with the Texas sensory support network. We are still collaborating on those. We're partnering to make sure those meet and greets happen in various areas and we're going to continue to do that because we have seen a huge benefit in improvement for communication as well as understanding from the ECI providers about what's necessary for our kids.

>> This is work that you're trying to cultivate but it's not a requirement, right. So I think that's what SOC is doing great work but who is doing what if they're required to do something or if it's expectation or policy or protocol, it's something that will happen for every baby instead of hoping that the ones who got training are inspired by those connections decide to offer it. But again, yes, great progress and work on those kind of local connections and thank you SOC for being a partner in that. Thank you.

>> Okay. Yes. I just -- I have to -- sorry. Okay. Yes. To pick it back on the ECI issue, when we reach out to families pre-identification, most of the families are not even aware especially the Spanish families are not aware of ECI or what ECI does and how it can benefit her child. So I think doing those summits, regional summits will be very helpful in reaching those connections. But again, the majority of the families I talk to are Spanish speaking families and the issues are just too many to name. But ECI is one.

>> If you all don't know, if you want to know a hero in the Teddy community, it's Julianna. I'm going to cry actually talking about you. Yeah. We have two minutes left. So any other questions? If you want to ask me about her one-on-one I probably won't cry. So I would be happy to share. But you're a blessing. Thank you. Any other questions? I wish Teddy anything, what's the biggest current need from your perspective in the Texas Eddie system and how can I do better next year at presenting? Maybe that because I know my presentation probably needed some work. Nothing. Great.

Thanks everybody. We appreciate everything you do. Thank you.

>> Good morning everybody. We're going to start our next session in about one minute. If you're planning to be here for the pediatric audiology best practices, Eddie compliance talk with Stephanie, please stay. If this is not where you're planning on being, just to let you know we're going to be starting that session in about a minute. Before we get started I just want to cover a few things.

Need to make sure that all of you have your credentials on display. I'm going to be taking attendance. Not going to be using your name. Just going to be taking a head count. Please make sure that your name is available. We're going to go right up until 11:30 but there's another session that's scheduled to start at 11:30 in this room.

We're going to end right at 11:30. Maybe 11:29 and give an opportunity to do a quick swap out. To be aware there's another session immediately following this one. And with that I would like to welcome Stephanie Browning, Mcvicar as our speaker and I will let her tell you a little bit about herself and welcome.

>> Thank you. Thank you so much.

much..

>> He's still working on the technology. We have a virtual interpreter. That's awesome. So good to see you all. I'm Stephanie, the Utah Eddie director. Today I'm also Shannon, my wonderful colleague and unfortunately Shannon sustained an injury impacting her ability. So she wasn't able to come. So I hope I can do her justice because Shannon is our Utah Eddie pediatric audiology and compliance coordinator. So I call her sheriff Shani because she does compliance. But as we go through today's presentation you'll know that it's gentle enforcement and the gentler you are the more apt you're going to be to create partnerships needed to have the trust built in and the greater willingness to follow our best practice protocols in Utah. And so some things that I'm hoping you'll take away today are just kind of learning how we do compliance and best practice protocols in our state of Utah and then at the end I do have a couple of cases that Shannon provided on things that have come up and how she approached them. Perfect.

Thank you. And there's Shannon.

Okay. So everyone is familiar with the joint committee on infant hearing and their 2019 position statement. We waited so long for it and it's like four years almost now but in the position statement it has written that audiology diagnosis of the infant is the sole purview of the audiologist with specific skills, knowledge and access to all necessary equipment for infant and early childhood audiology diagnostic evaluation. That's really specific but that's really, really important because we know there's a lot of differences between an infant, pediatric audiologist and audiologist that sees adults and how do you know if best practices are being followed and if they're not what do you do? So I did a survey of the Eddie directors across the states and a couple weeks ago, and 19 of them -- thank you if you guys are in here and you did it. Thank you so much. I did a survey and asked them well, how do you know like in your state or territory if the audiologist possessed these skills and I wanted to point out that almost half of the states will read the reports, the audiologic diagnostic reports. And then almost half as well said gosh, you know, we don't know, you know, we just don't know. And then I asked well, what best practices does your state use for pediatric audiology and no surprise 89% utilizes a joint committee position statement and they don't add up because you can check all that apply and about half have their own state Eddie written best practices in the mail. So use AAA and ASHA and almost a quarter said they don't publish or distribute or promote any. So we have always had one and just because you have one doesn't mean that people are going to know about it or it's going to be followed.

When we look at our records, our high track, Eddie database records, we can tell that when things aren't being followed.

The same thing we do review all of the audiology diagnostic reports. What do we do, how do we let people know what those protocols are and not only do they know about it but they're ready, willing and able to follow them? So our best practice protocol in Utah is AAA, ASHA, GCIH and we have taken those, we have made them into a document specific to our state so we have our specific state nuances thrown in there.

So we have testing that's required upon family newborn hearing screening. So we have those best protocols out there but then we also tailor it specific to our state and this is just a tiny snippet. It's a few page document, two, three pages. It's saying this is best practice and if you're not doing these things, then you really shouldn't be doing diagnostics on an infant. But we also have in there the recommendations that need to be made including referring to our parent to parent support. We have what needs to be done if there are risk factors presence and again these are a little snip. So things have come up over time where we have had challenges and it seems like well maybe the protocols weren't being followed and so we had this instance where there was a very busy large NICU in a large hospital and we got wind, it's interesting how you hear things, that they decided the NICU babies, they weren't going to have their AVR done before they leave the hospital. They were going to have a tech do a 30 and a 60 DB click. So not an audiologist, a hearing screener, do a 30 and 60 DB click, interpret the waves. Talk to the families, make the recommendations and if they don't pass the click they were going to have the family come back for the diagnostic ABR.

Once that family leaves the hospital there's risk for follow up. And Cincinnati children, I don't know if any of you awesome people are in this room but they put out a study back ten plus years ago and they showed that once the baby is out of that inpatient system I think like 63% of babies were lost to follow up at the outpatient level because they had trouble sleeping for the ABR. So Shannon, we got wind of this and thought, gosh, this is suboptimal and this is not good and a screener should not be acting like an audiologist. And so you hear about different hospitals and different hospital systems like starting to come up with their own protocols but you always got to be watching because you got to make sure they're following best practice.

So we created about five years ago POG, the pediatric audiology program. I created that two weeks ago. I didn't tell Shannon but I hope she likes it. We have all of our NICU audiologists and Utah we have maybe two dozen at the most pediatric audiologists across our whole state and so we have a tight knit community for the main ones. We had them come, we had early intervention director from the PIT program, our services for deaf and hard of hearing children. We need to talk about what are they specifically doing at their hospital and we brought up this situation we're having and we said we need to come up with a specific NICU protocol for our state on how these babies should get the best practice and standards of care and then we opened it up to anyone interested in coming and we did have community outpatient audiologists, we said we would love to have you, come join us.

We meet quarterly. When we started it was particularly to get this NICU protocol. We do it after our advisory committee meeting which is four times a year. So we came up with our NICU protocol and we ended up involving pediatric ENTs and pediatrician and got the buy-in of our stakeholders and partners and they said yes, this is what we're going to do and educate and tell our problems that this is how it's to be followed. That protocol that was going to be put in place at the Children's Hospital, they ended up not doing that because it's like this is best practices and you guys aren't -- that's not going to follow best practice but then we decided, hey, this PAG thing is great getting us all together. So we put together a mission statement and the why of like why we exist and we wanted a family to have the same services, same opportunity for best practice and the best care possible across our state. So we wanted to be sure that our diagnosing audiologists all understood the best practice and we're all following it and to create a safe space where they can get to know each other so if you're an inpatient audiologist and referring an ABR to an outpatient audiologist, it's nice to know that person because you feel like they're my baby and you know, you got to take care of them. It's been a great way for everyone to get close to each other. And here's just kind of an example. In our risk factor section of our NICU, this is one way that we have specific to our state. So for --

[ Indiscernible ]

Ours is more aggressive. It's not like our state protocols that are special are more lenient or less. There never are for the national best practice protocols. They're more aggressive. Our kiddos that have it we follow them every three months for the first three months and every year after if concerns. So if there's a difference it's airing on the side of caution. And then also in our statement we have the how and again we want consistent messaging as well for families.

So we asked Adrian Johnson, I'm saying her name because she was nominated for the award and she's amazing. She's a NICU audiologist at the university of Utah health science center and Shannon said, okay, we're going to talk about PAG at national Eddie. Why do you think it's helpful and she said it's a safe space. We can talk about issues occurring across our state. We can brainstorm. We can show each other waves. We have a pediatric group that PAG had a baby and now we have the group where we do case discussions and look at waves together and it's been a great thing and great networking and we have had guest speakers come, too. So that's been kind of a great thing. So Shannon found this article that it takes 16 years on average for research, new research to be incorporated into standard clinical practice and research is coming in all the time and it's hard as a clinical provider to keep up with all that. So we strongly feel that state Eddie, we need to be on top of this.

Shannon is always doing reviews and trying to be on cutting edge research and we're trying to break into easily understood digestible clinical practice guidelines. Here's an example of our NICU, something we did. We did our NICU protocol, but then I don't know if they're in the room. I know SAP is from Iowa but they did an article back a few years ago on what you need to report to state EHDI. Yeah, we love this right. This is just an idea but we have all the reporting requirements. How people report to us. When they need to report to us and what's kind of nice, too, is we have in there because we have a pretty lengthy newborn hearing screening law and rule that's very, very specific and so it's great when you have a protocol and you can say according to UCA 26-10-10 you know we need to have the results within seven days and it helps with compliance because it points out not only are we saying it's best practice but also in our state code and it's been helpful, too, for audiologists where they might be understaffed and they're missing babies because they're understaffed. They can take the state document and go to their boss and say, hey, I need more people because these babies are getting missed and it's against the law. And actually ours does have some teeth. There's fines in there.

Not that we have ever done it but don't tell them. But we can, you know, enforce it. But we would end up burning bridges instead of building bridges if we were to do that. So it's been a very useful document for our stakeholders out there that we have that. So this is just a list of things that we have created in the past four years.

We have screening documents for best practices for hospital births. We have these cards we created for babies born with risk factors and passed their hearing screening and I'll show examples of that. We also put as a -- as a group we got together and said gosh, these fluctuating conductive hearing losses are not meeting their milestones.

You know, they get caught, everyone knows the ENT vortex.

Everyone gets caught in that and they never get a repeat audiological evaluation. They're not having their hearing retested. Like we need to get everyone onboard, ENTs and we need to arm our families with which is what happens if your child as ear fluid, these are the steps you need to take. I'll show an example of that and some other things we have done to improve our acceptance because we have 15% of families are declining of the services and our most recent is we have a letter that we're finishing up to send to the primary care providers saying, hey, your child has been diagnosed with hearing loss, we just refer them to early intervention, this is why it's important. Please talk to the family at every checkup and see how early intervention is going and then we just put together a mental health resource for our families. We give our parents a notebook, a state notebook upon diagnosis and, you know, life is stressful and you make it even more stressful when you get a child with a special health care need and so we have resources that we put together for the parents and the families to reach out and get help. So this is just an example. So we redid the -- do you remember -- yes.

>> [ Indiscernible ]

>> Oh, thank you. Thank you so much for letting me know. I hope someone comes back.

>> My colleague that was here, she's like I think I'm going to get a glass of wine. I'm like did you bring money because they're $9. She's like they were free. In case you didn't know. I don't know. Because they definitely weren't free the night before. Anyways, who does need an interpreter and what can we do to make this better?

>> If you can -- the other video, it should come up on the --

[ Indiscernible ]

>> I don't have access to that system. Do you know how do it on here?

>> Can anybody tell me when I'm on the right one? Who is the new interpreter? And then --

>> Round of applause everybody.

Thank you.

[ Applause ]

>> Sorry. We just X'd out of this.

>> I needed my 15-year-old son here. Come here. Mommy doesn't know what she's doing.

>> Perfect. Thank you so much. I wish I had a prize to give you.

Here's a marker that's not mine but you can have it. Sorry.

Thank you so much. But do you guys remember the road map that we had for a long time and so we made one specific to Utah and we're not 136, we're like one-third 36 because it would have to be rescreened before ten days so we could get our testing done. That's just the front and the back of it. And then --

let's see. Now it won't go.

Okay.

Remember I mentioned crib cards.

It's children that have risk factors sometimes are not always been recorded in the EHDI database even though we're asking them and we want these families to know that you need to get followup. It's important that your child is a risk factor even though they passed the newborn hearing screening. They need to be seen and these are the things you need to look at.

We made QR codes. We're totally into the future. The younger people made the QR codes. So we have a link to our map of pediatric audiology services in Utah and then we use the ASHA developmental milestones for families to pay attention to but we have four different -- we have --

[ Indiscernible ]

And family history. So the hearing screening is right at the hospital. The screeners are giving these to the families when those risk factors are present. This was a road map we had map because these undetermined babies that were in that category or the fluctuating conductives to help the process and again let's empower our families so they can question things, right. If they know what to expect and it's not happening, then they can speak up. So if we don't tell them what they need to be expecting, they're not going to know. And then in Utah we have kind of a confusing early intervention situation and we found out around the table with these infant pediatric audiologists who are saying I'm still not clear who does what. So this was an earlier rendition. We have a better one now. But we have different agencies, one provides care coordination, one provides the actual services and we have an oversight agency and it all is muddled and if audiologists don't know how are they going to explain that to the parent and one of the things that we did I think last year we put together talking points for the audiologists when you make that referral, you diagnose, make the referral, we have things that you should impart to the family and we had FAQs on there like how much is this going to cost, does my insurance pay for it. Do they come to my home. How am I going to know these people. We really wanted to improve our enrollment acceptance into early intervention and this is one of the things we did with putting those together. This is just a road map. On the conductive hearing loss. On the bottom right you'll notice several logos, these are major health care systems in Utah and they're all part of PAG and the audiologists take our documents, they show it to corporate and they say do we have your buy-in.

So any hospital in our system is going to follow these and they say yes and having that logo really goes a long way. So it's important to get everyone on the same page. Audiologists need to know what they need to do and how to do it and we really feel it is our job to help get them there to compliance. Shannon says, too, if you have clear expectations like anything in life, right, if you know what's expected, there's a much better chance of you complying. And having strict protocols makes --

it doesn't make it easy. But it definitely makes it easier. Back to the survey. How do you ensure compliance with the standards.

Many of the states have someone that reviews the reports and then we had about 58% that said other. So some of the comments that we got said they're an audiologist and they're licensed and sometimes certified and it's up to them because they sign off on it and so we trust they're doing it correctly. And then this one is getting cut off but I love this. We're not the EHDI police, we have been advised by our legal department that we're not the EHDI police, we can counsel, we can recommend but we can't enforce and that was their thoughts and if you find someone who is not following evidence based I was curious how do people handle it and it's awesome. Like half of them if not more call them, they reach out, they e-mail, they counsel and offer to mentor them. By doing it that way, it's not mentioning out in a punitive way. It's I'm here to help you and what can we do to get you onboard because we now infant pediatric audiologists are hard to find. So the more we can get them to speed the better off our kiddos are going to be. You'll see this in the handout on the website, I asked what do you specifically do when you reach out. In the handout you'll see some of the quotes on what the states do because I always find it helpful to know what the other states are doing. But again, partnership is key. So for basic compliance what Shannon does is she always provides the diagnostic reports so they know what you're talking about and you're seeing lots of kids, it's hard to know and she tries to give the benefit of the doubt. She'll say I notice this says it's this many hertz but it was 1,000 hertz. Hopefully they'll say gosh, sorry, it was a recording error or whatever or they say because you're nice when you're approaching it they say, oh, no, 1,000 hertz, like what is that. And it opens up that conversation and then she also says we're always about CMV and we say please, please, please, when you see the baby for diagnosis, please ask if they have had their testing and put it in your report so we know if we have to follow up or not and if they haven't been tested yet please facilitate them getting that test done before 21 days. So when she sees the report and there's no CMV testing documented she'll reach out and say we started asking the audiologists to make sure they're putting it in the report. So even though we have been saying it for years approaching it like that and the next time if they don't do it, I know it's not your standard practice but we really, really need you to report on that and then the third time hopefully you'll see it documented and then she reaches out and says oh, my gosh, thank you so much, that was so helpful. A lot of followup. A lot of going back, closing that loop and she also will share the protocols with them so they have them front and center and then when she -- she wrote this slide and I'm like you do this really? She's like totally I do peer pressure. She says oh well, blank, blank, that clinic is following it and following best practices and she tries to put a little peer pressure. So she does it nicely I'm sure. She better be. No I'm kidding. What happens when they're not changing? She will contact the clinic manager and show them data and explain why the state protocols are in place and why it's so important. When that level hasn't worked she has had to reach out to corporate compliance before. Don't be scared of it. Because when you contact corporate compliance, things happen and they happen quickly. So either they are right on it and they fix it or if it's someone they just forward the e-mail to the audiologist, man, do they start moving. Don't be afraid of it.

You know, they don't want to be out of compliance as a hospital.

There's a couple of cases and then we're running out of time, but one of the cases was there was a baby who failed two screenings, the midwife referred to the audiologist, the audiologist really didn't see a lot of peds. This is the third time they're supposed to be having a diagnostic ABR and the audiologist did OAEs. Were absent in both ears and said well you passed the screening --

no. You didn't pass the screening so why don't we have you come back and redo the OAEs in like a month and that would have been the fourth screening meanwhile the clock is ticking and that's one of the cases where Shannon reached out and said hey, we went ahead and we referred to an infant pediatric audiologist and this is why. And she wanted me to point out she always ends her communications if they're in writing I hope you're okay with my sharing this with you, it's an opportunity to share infant diagnostic process in Utah. And it was really cool.

This practice ended up inviting us to come and do EHDI 101 training with them and we trained other audiologists which was really great. She does say she always tries to give them an out so they can still learn.

She's delicate in her e-mails.

You'll see some of the wording and stuff that she does. But in summary. So it is really important to promote best practice protocols which I know you know that. One way that we do it is we do make it state specific. And we try to always know that we feel it's our job, if they're not complying it's our fault because we haven't told them what needs to be done.

Even though audiologists should know that, if we want the best services for our kiddos we need to take responsibility to make sure everyone knows and that we're making sure they're being followed and if they are not being followed establishes partnership and mentor ship opportunities. This is my contact information and Shannon's in the closing minute before we'll turn over our room.

Does anyone have any questions.

Or anything. I appreciate you all being here. Don't hesitate to reach out and it was fun seeing everybody in person.

Thank you so much.

[ Applause ]

>> Please make sure you go to the app and complete the evaluation for this session. And have fun at your next session.