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**Virtual Site Visits (VSV): Supporting the Newborn Hearing Screening Program in Colorado**

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START TIME: 11:56 AM

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>> Hello, everyone, welcome. Still have listening energy left. My name is Arlene, and along with my colleagues will be sharing our experience with virtual site visits in our state right here.

How the this come to be? Well, first of all, Randy Winston over there, raise your has been please. Through and they developed a curriculum back in the impactful COVID days to give Ed EHDI programs an opportunity to visit hospitals remotely. I can't say enough about this program for a few reasons. One is it's virtual. Yes, it applied to COVID, but I don't know that we'll ever go back to in-person visits because it's hard enough to get our team together more about that in a min but to get the team together and plan for travel and sometimes we need to cross the beautiful snow cap mountains which means you have to stay overnight. The cost of doing that is do believe but doing that virtually we can so more hospitals more regularly. The curriculum not only is it virtual but it is robust curriculum not just for row newborn hearing screening and we talk about con genetic virus. Very forward think handgun. I've learned a ton.

We have 52 birthing facilities. When I started in my role as the EHDI coordinator four years ago we realize that granted it was March 2020 and things were impacted because of COVID, but we soon found out that screening practices were really very unique to each hospital. The hospitals that we contract with the third party of course they had similar practices, but that only accounted for about, oh, 15, fourteen, 15 hospitals and the rest are all operating differently and the people are different and the screeners and nurse management, and physicians on staff are different. Every hospital had a program, but we soon found out they were a little too different, and by that I mean they were different enough from the best practices that guide our work JCIH, that we needed to do something about it.

In partnership with hands and voices, again, back to Randy. This is designed as a partnership between the EHDI and a parent. So we adopt it had curriculum, and with permission we adapted it a bit to our maybe 15% change. We used Google workspace and we have students in the speech hearing department who used the project as a capstone and they do a lot of the data keeping and data analogies which you will see, and Laura P is involved with them because that's her main job up there at CU boulder. We compiled a comprehensive team and that went beyond Jamie and myself.

We needed an audiologist because Jamie's not one and I'm not either. If we're going to talk about newborn screening practices we ought to have an audiologist so Lauren P. is the audiologist we contract with because of the CMV part of this, we engaged a pediatrician, a general pediatrician and her name was on the first slide who comes to all of our visits. Our AUD student comes when scheduling permits, and we also have our Colorado hearing resource coordinators linked to diagnostics to intervention. Why are they involved?

Because we think it's meaningful we think to the nurse manager to know the whole system. Their screening. It's the first part, but it's an essential part. Our state, like the country, has 35% lost to follow‑up. We think we need to impact screeners so they can do different job to get families more invested and follow through. So to date and I'm just giving some background here and I'll turn it over to Jamie and Lauren. We met with 35 hospitals. It's one hour visit at the most when the hospital contracts with a third party, pediatrics and vision, the visit is shorter because they populate an answer to questions because it's same for every hospital.

We've done visits with 75% of them in urban areas and 25% in rural areas. We're making a big pitch for the rural areas because they do all seem to have almost all of them have their own programs. Jamie and I are the ones that do the recruitment. I love how Jamie wrote this. Don't give up. I will contact the hospital two time, three time, and will call if I have a phone number for the manager. Dr. Nelson the pediatrician she said because she's doing our CMV project in the state.

She said, oh, don't give up, three or four times. Some people don't respond until 7 or 8 times and every e‑mail looks different. It gets shorter, more to the point, and we eventually do seem to get people to participate. We don't have data from our health department. We don't have access to that because we're not in the health department. EHDI is in a different agency so we rely on the hospital to give us their data. Oh, great. I am at my time. CMV. Jamie.

>> Hi, there, my name is Jamie frieze. I'm really excited for the CMV part of this. My son has con gentle CMV and I apologize I'm going to shrink a little bit.

When we do our visits it is the Number 1 reason for hearing loss in children. These are quick facts about CMV and the reason why we continue to include in our screenings. CMV accounts for nongenetic hearing differences in our state. Fewer than one‑half to one‑third of infants are being identified with it. CMV discussion illustrates the big discussion for why we're doing our newborn hearing screenings in our state and why we're continuing to push this up to the forefront. Very common one in over two hundred infants born have an active case and a robust newborn screening hearing program does identify a lot of CMV if they are doing a targeted approach.

We took this and applied it to our program and started asking our screening facilities if they were doing newborn hearing screens included with testing for that, and if they were what did that look like in each facility? So because of the high incidents rate. Colorado does not have legislation currently on screening for CMV. We have for education but that can be simple handing out a pamphlet and there's the education and we currently testifying on it tomorrow included for targeted screening for our kids. An effort to target testing the Colorado chapter with the AAP with Dr. Nelson created a work group started addressing what this looks like in hospitals.

We hold earlier meetings and connect and try to convince and get our hospitals to get on board with this. These kids need to get tested. They go off risk factors that would include not passing newborn screening, low birthrate, early gestational age, a whole list that would trigger the test.

During virtual site visits we gathered information and how this process was implemented. And I wanted to say thank you again for doctors get this program going and a big reason why we're testifying on this tomorrow.

What this looks like, when we started this in 202000 it was over on the gray. When we started these virtual site visits 50/50 happening hospitals doing any CMV testing if they did not pass. As we started going through this and as the work group grown we're getting more than 83 midnight % 9% hospitals doing some targeted testing, 16.1 of them are not. When we started getting into this we had brochures that Colorado enhancing voices and the Colorado AP why your child is being tested for CMV and this is really important because gives information for provider, it gives risk factors and why we decided that yes your child was on that risk factor and they can circle and highlight and information for Colorado CMV network Colorado hands and voices run.

And we contact myself and Meghan contact families and walk them through the process if they would like parent support. What we found here is that 58% were not using this brochure and about 42% were using that. We'll go over at the end of our virtual site visits what we provide for those facilities.

I'm going to actually turn this over to Dr. Lauren.

>> Thank you. We'll continue to look at some more of the data that has been collected throughout the virtual site visits. And I'll also hope to discuss the ways in which the data we collected and trends that he observed really inform our project and future goals on the part of the state and Colorado EHDI. As far as the background of the folks who are performing this reading in the hospital just like the previous presenters right before the session had mentioned really varies in Colorado. So far all the virtual site visits that we completed 19% of the screenings in the hospital performed by contract redirect medical staff and 34% nursing staff and 37% % performed by some other technician.

One project that Colorado EHDI has been involved in the recent past is providing donated screening equipment to newborn ‑‑ to midwifes in Colorado and also providing with newborn screening training as well as some ongoing technical assistance with newborn screening. The way that newborn screenings is well thankful all the hospitals provided some support of training but what this looks like varies very widely.

35% of hospitals indicated they had some hands on training that was given by newborn hearing screening coordinator. 16% indicated that hands on screening given by nurse manager, and 48% indicated they had some sort of other curriculum. One example of this is the training curriculum widely available for free. That is one resource we provided follow‑up. I should mention many of the contracted medical groups have created own standardized curriculum and that would be included in that number as well.

Only 16% of all the sites we visited so far have audiology on site. It is true in Colorado there is not a state funded audiologist. There is an audiologist that can provide technical support. They are contracted with Colorado EHDI and it's my understanding not super often sites reach out to her. Although we do provide her information.

This is an interesting one and we almost should have put the 2022 slide. Back in 2022 only 58% of sites reported they were giving brochures about newborn hearing screening, why we do it, what the results are, what they mean, what the next steps may be. And now that number has increased. Sites we have seen in total are not providing some sort of brochure. We like to think that part of the reason for this is that Colorado EHDI does have brochures that are available for both well baby and acute population that go through all of that information. Colorado EHDI does print and mail those brochures birthing facilities upon request and they have printed ones in Spanish and English and a QR code that goes to ASL interpreted video.

Use of scripts in discussing results and explaining newborn screening hearing is another push that's being made and 36% of hospitals so far have reported that they are not using some sort of script for the screener. There are some Colorado scripts in development currently by Colorado EHDI and freely available scripts on resources and that's another resource we shared with hospitals.

It is best practices for even the families of the newborns who do pass their screening to provide some information about late onset progressive hearing loss and we found that 64% of sites shared this information in some way. Maybe it's covered on a brochure they get and 34.5 do not. Would be really amazing resource that we share that's been developed is the hands and voices road map that really lies out this information specifically.

Another area of opportunity in our state is the way in which results are shared with physicians. As you can see the majority of sites 88% of them have indicated that newborn results are on the discharge given but not related to a physician in another way like faxing one area of opportunity for our state in particular is that currently primary care physicians do not have easy access. I have they don't have easy access to the child's medical report. It can be really hard to obtain accurate information about newborn hearing status for their patients.

It is my understanding that we have some future goals in place to improve that. And it's also true that there is information about Colorado EHDI that's shared among Colorado through the newsletter so there's some collaboration there I'm going to hand over to Jamie what happens after virtual site visits.

>> When we do our virtual site visits like Arlene said we use Google workspace so it's really easy for us to keep track of all of you are information. We have one person running the virtual site visits which is usually doctor so she can use the correct terminology type it in. While that's happening I'm typing in recommendations that auto populates into the Google doc that way we can go back in and say these are our concerns and successes at each screening facility.

At the end of that we write up a letter of recommendation that we send back for links for resources for that site visit and includes things such as access to audiology technical support through Colorado EHDI, Colorado EHDI newborn screening brochures and how to obtain if they run out of those, the training curriculum we want to make sure providers have access to that. Scripts for screeners when talking with families we have the ones we include and some through Colorado hands and voices as well. As soon as we get the ones for Colorado EHDI those will be included. Contacts for family support such as Colorado hands and voices and the early intervention and the co here's all regional so we want to make sure the hospital we are at gets the contact for that specific regional co here. The EHDI pal Website for pediatrics audiologist and the hands and voices road map and virtual waiting room. That's a nice app parents can go into clickable, interactive, they can find out information on their own, and ongoing CMV education from the Colorado AAP we do offer that and we can connect them back with Doctor Kirsten and hold a zoom meeting and do CMV education with those affiliates if they would request that.

This is our presentation. The Colorado virtual site visits have impacted screening procedures policy support of trainings and addressed gaps we have found. This lead to statewide improvements all the way around and the changes have directed families and the screening in the Colorado hospitals. We're really proud of this product and really excited continue it and get more of our hospitals out in the rural areas. With that, here's our contact information. If you would like to connect with any of us on your app for this presentation there is a list of our resources that we do provide for the families or for the providers.

If you want to go through there, they are clickable links and you can find that and our e‑mail addresses. Any questions?

>> When you schedule these virtual meetings, who do you ask to attend from a hospital side? Is it screeners, is it quality improvement? We in Kansas each hospital has a hearing screening coordinator so if you can explain who you all invite from the hospital side.

>> It looks like different from each hospital so if they ‑‑ through a third party ‑‑ you will just turn that mic off. If you contract through a third party, then we'll have that hearing screening coordinator there. They have prepopulated them. Our list of questions just since those questions are pretty similar across the board but then we ask for the nurse manager from the hospital to come as well. What we found is a lot of the third party newborn hearing screening they don't want to touch a lot of the CMV pieces of it, so it's really important for us to be able to talk to the hospital staff themselves to find out what those procedures look like. We like making that connection too because a lot of times the hospitals contract with these contractors and we want to make sure they know what's happening with the newborn screening process so it's good education if terminate them. And we include obviously our co hear if they can attend the meeting they are very busy sometimes it's just a conflict.

>> That was one of my questions. The second question and maybe it was obvious where you stated it. Each of those slides that you had that tad the percentages and what the hospitals did, were those some of the questions that they answered prior to? Okay, thanks.

>> That was really a sampling of the data just because of the time we had today we picked the day that related specifically to initiatives in our program that were responsive to these problems like creating a newborn hearing screening brochure because they were not used very much. Every question has a data set. And we use that when we report to Hersa.

>> I was going to add too we have a lot of questions they use equipments when it was last calibrated.

>> Hello, I'm in New Hampshire and I have a lot of my site visits coming up. And similar we would like to start down the path of targeted CMV screenings there, you know, but I mainly think in terms of my role as an audiologist in terms of hearing so you're looking at, you know, talking with low risk factors low birthrate, are you tackling those issues in site visits and how are you doing that if you are?

>> We do talk about them in our virtual site visits. We mainly leave it as open ended question because every affiliate is so different for CMV screenings and it depends on the NICU versus well baby and we have open ended discussion and the doctor runs that portion of virtual site visits. We ask do you have a policy in place SEW if the child does not pass newborn hearing screening is that included? What does that look like? Do you have other risk factors that you do test for? It varies by every single hospital. We do talk about them. We try not to make virtual site visits all about CMV because it can take over a lot. That's why we want the education piece afterwards. We offer with the AAP to come back in and do an education if the hospital does request it.

Okay. That is time. If anybody has questions we're up here, we're happy to chat, but thank you so much for coming to our presentation.

[Session concluded.]

END TIME IN YOUR TIME ZONE – 11:56 AM (MT)

START TIME: 11:15 AM

END TIME: 11:56 AM