Virtual Site Visits (VSV)

Supporting the Newborn Hearing Screening Program in Colorado

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Special thanks to:

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How VSV Came About in Colorado



- Our 52 birthing facilities have unique NBHS practices; we sought information to guide system uniformity and suggest enhancements
- COEHDI adopted NCHAM's VSV Curriculum (Randi Winston Gerson)
- COEHDI, in partnership with CO Hands & Voices, adapted the VSV Curriculum (with NCHAM permission); uploaded data to Google Workspace for easy recording and analyses
- Compiled a comprehensive team

Our Team: The Whole System

Co-Facilitators: CO-EHDI Coordinator and Executive Director of CO Hands & Voices

CO-EHDI Contracted Audiologist (University of Colorado)

Pediatrician to support cCMV targeted screening

LEND Trainee (also an AuD student)

Colorado Hearing (CO-Hear) Resource Coordinator (El system)

Recruitment

Hospitals contacted by email to schedule a 1-hour VSV held via Zoom

Don't give up! Up to 5-6 requests are sometimes required; no one has denied a visit

Prior to, or during the visit, hospitals were asked to share their quarterly NBHS data report

32

Number of VSVs

performed at newborn

hearing screening

programs in Colorado

since launch in 2021

25%
Percent of VSVs
performed in rural areas*

75%
Percent of VSVs
performed in urban areas*

*Rural < 49,999; *Metro > 50,000

Congenital Cytomegalovirus (cCMV)

By age 4: cCMV accounts for 25% of non-genetic hearing differences

Fewer than ½ to ¼ of infants are being identified

cCMV discussion illustrates one of the big reasons (the why) for NBHS

cCMV is common.
Infection occurs in
1 in every 200
infants

Robust NBHS does
identify many
children with cCMV
with targeted
testing

Investigating cCMV during VSVs

Because of the high incidence of hearing differences amongst the cCMV population, and inclusion by NCHAM, this was included in our VSV Project

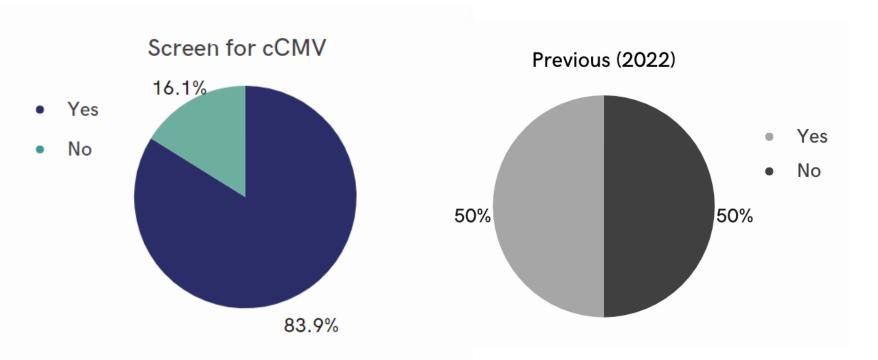
CO does not currently have legislation on screening for cCMV (but it is currently before the BOH)

In an effort to implement targeted testing in CO newborns, the CO Chapter of the AAP created a workgroup to address screening of newborns based on risk factors (did not pass NBHS, low birth weight, small head size, etc)

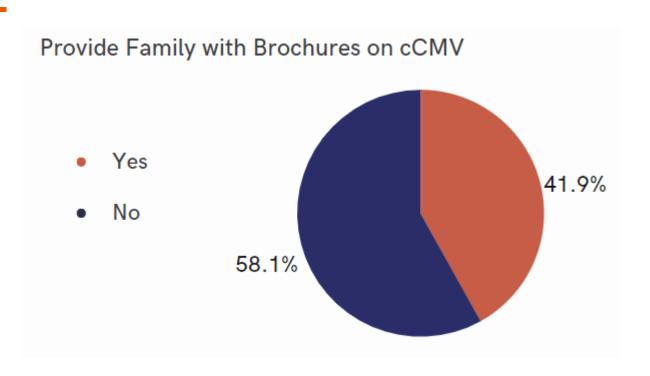
During the VSV we gather information on how this process is implemented

Follow-up CMV Education is offered to facilities; led by Dr. Kirsten Nelson and Dr. Ted Maynard (CO-AAP)

cCMV Targeted Screening

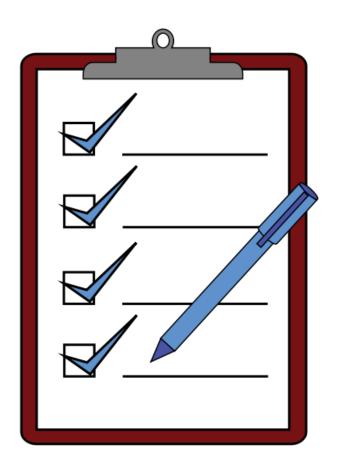


cCMV Brochures

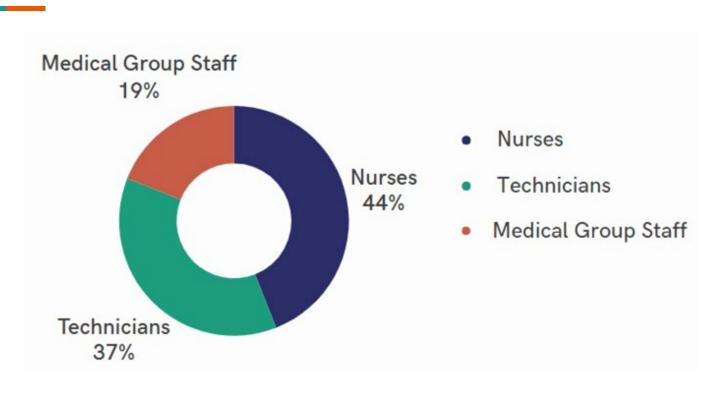


Data Informs Practice





Newborn Hearing Screener Background

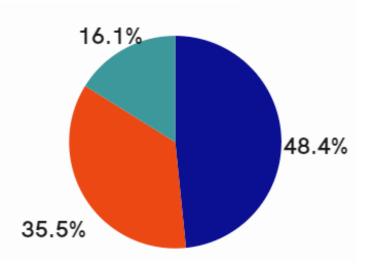


Training of Newborn Hearing Screeners

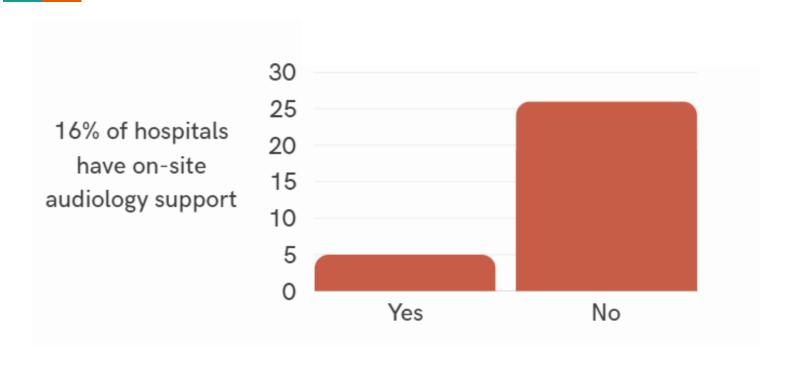
100% of hospitals interviewed provide some type of training in NBHS. However, the format and type of training widely varies.

Hands-on training by

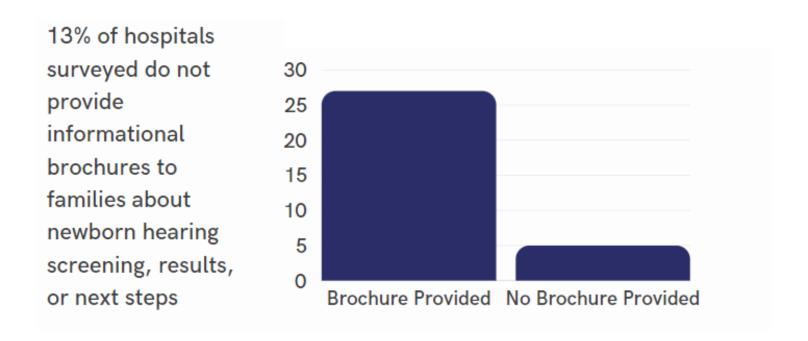
- newborn hearing screening coordinator
 - Hands-on training by
- nurse manager
 - Other (e.g. NCHAM
- training curriculum)



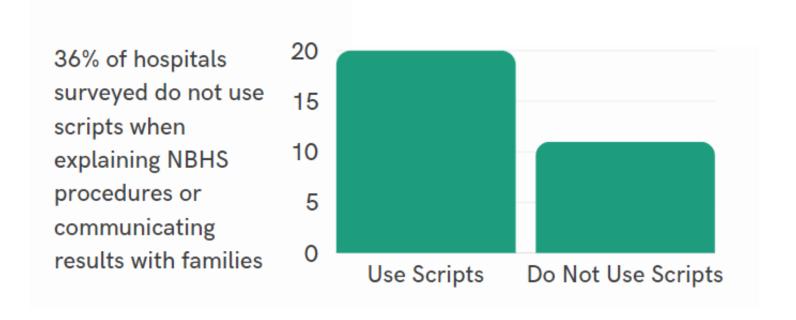
On-Site Audiology Support



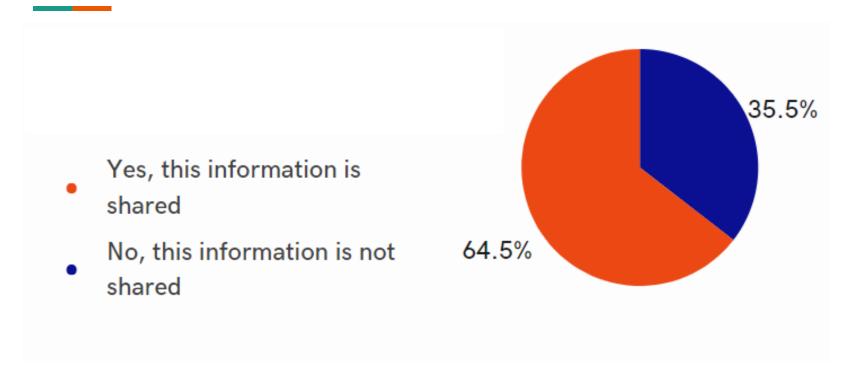
Informational Brochures



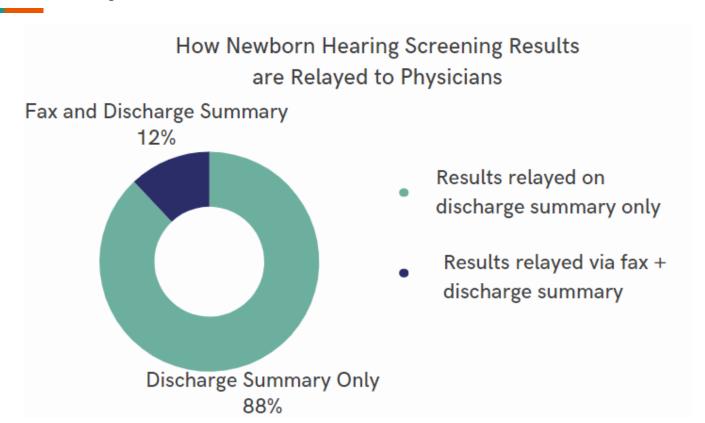
Use of Screener Scripts



Late Onset, Progressive Hearing Loss & Risk Factors



Data Analysis and Trends



After the VSV Visit: Summary & Recommendations

- Access to audiology technical support (from Colorado EHDI)
- CO-EHDI Newborn Hearing Screening Brochure
- NCHAM Newborn Hearing Screening Training Curriculum
- Scripts for screeners to use when talking to families
- Contacts for family supports (CO Hands & Voices and EI)
- EHDI PALS
- Colorado Hands & Voices Roadmap; Hands & Voices Virtual Waiting Room
- Ongoing cCMV Education from the CO-AAP



Colorado's VSVs have impacted screening procedures, informed policies, supported trainings, & addressed gaps. This has led to statewide improvements. Changes directly affect families, & their experience with the NBHS program in CO hospitals.

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