

UNHS Subcommittee
2019 2nd Quarter Meeting Summary
April 26, 2019

Member Attendance (X) if attended	Member Title	Member Name
	Adult Who is Deaf or Hard of Hearing	Carrie Spangler
	Association for Hospitals and Health Systems	Vacant
X	Audiologist	Bridgid Whitford
X	Audiologist	Ellen Cobler
	Audiologist	Lisa Hunter
	Audiologist	Ann Wheat
X	DODD, Part C Coordinator	Nathan Dedino
X	Educational Audiologist	Sandi Domoracki
X	Epidemiologist	Jareen Meinzen-Derr
	Geneticist	Vacant
	Manager of Perinatal Services, Respiratory Services and Nursing Education	Ann Frahn
	Nurse, Well-baby neonatal nursery	Sarah Fallow
	OCD BE/Representative from an organization for the deaf or hearing impaired	Lynne Hamelberg
X	ODH CMH Program	Jennifer Warfel
	Ohio Department of Education	Anita Armstrong
	Ohio Department of Medicaid	Gwen Sims
	Ohio Speech and Hearing Professionals Board	Gregg Thornton
	Ohio Speech and Hearing Professionals Board	Tammy Brown
	Organization for the Deaf or Hearing Impaired	Vacant
X	Otolaryngologist	Prashant Malhotra
	Otolaryngologist	Daniel Choo
X	Parent of a Child with Hearing Loss	Camille Warren
	Parent of Hearing-Impaired Child	Virginia Calvelage
	Part C Provider	Kelly VonderEmbse
X	Pediatrician	Susan Wiley
X	Psychologist	Derek Houston
X	Speech Language Pathologist	Lindsay Zombek
X	Teacher of the Deaf	Kristine Ratliff
	Teacher of the Deaf	Amy Hoerst

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Agenda Topic	Summary
Welcome and Introductions	<ul style="list-style-type: none"> • Welcome and introductions of members • Description of new meeting platform • Overview of materials within member binders
Meeting Summary Review <ul style="list-style-type: none"> • Vote Summary- NA survey 	<ul style="list-style-type: none"> • Overview of needs assessment summary presented to Subcommittee • Needs Assessment Vote Summary reviewed • The status of each needs assessment recommendation is listed in the implementation column • Four recommendations have been implemented • Two recommendations were voted to not implement • Three recommendations are pending implementation from ODH • Fifteen recommendations are pending implementation due the role of the Membership Committee
Membership Report <ul style="list-style-type: none"> • Vacancies • Sign up-Membership Committee Members 	<ul style="list-style-type: none"> • Vacancies include the Association for Hospitals and Health Systems, Geneticist, Organization for the Deaf or Hearing Impaired • UNHS Subcommittee members were asked to participate in the membership committee • Membership committee will participate in completing the remaining needs assessment recommendations • Membership committee will be asked to assist in filling vacancies, presenting vacancies to the subcommittee as well as conducting outreach to increase membership.
CDC Survey Presentation	<ul style="list-style-type: none"> • 2017 CDC Survey was presented to subcommittee members • Screening, diagnostic and EI highlights were presented to subcommittee members • Data presented babies within the CDC pipeline and outside of the CDC pipeline • Demographics were presented to identify populations to target to improve timely diagnosis and enrollment in EI services • Overall, more babies were diagnosed with hearing loss, more babies were diagnosed with hearing loss before 3 months of age and more babies with hearing loss enrolled in EI services • County profile information was distributed to members to review various data points on a county by county basis
Break/Lunch	Break/Lunch
Screening Report	<ul style="list-style-type: none"> • Overview of OAC regarding UNHS • Monthly reminders for hospitals including important updates, reminders about reporting, other events • UNHS coordinator orientation calls- individualized phone call upon notification of a new UNHS coordinator or upon request

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Screening Report Continued	<ul style="list-style-type: none"> • Standing Monthly calls for UNHS coordinators- testing process • UNHS Rules Revision- Public hearing notice, rules training, competency checklist, other resources • IPHIS Summary Report 2016, 2017 and 2018 for Hospitals will be provided to hospitals this spring • IPHIS UNHS Quarterly Report- 1st Q 2019 have been sent to hospitals to ensure quality data reporting • Hospital level Trainings are available online via OH TRAIN under UNHS Training package Parts 1,2, &3 • Local Health Departments have completed their 2018 Annual Reporting with 89 LHD's reported, 1205 Home births registered, and 1565 Parent Handouts provided • Monthly meetings continue to occur through the Lucas County Learning Collaborative • Parent engagement activities have been successful with the most recent panel event that featured D/HH children and adults throughout the lifespan
<p>Subcommittee Recommendations for Improving Screening</p> <ul style="list-style-type: none"> • Recommendations for methods and techniques of hearing screening and hearing evaluation (ORC 3701.507 (B)(3)(c)) • Recommendations for referral, data recording and compilation, and procedures to encourage follow-up hearing care (ORC 3701.507 (B)(3)(d)) • Recommendations for the maintenance of a register of newborns and infants who do not pass the hearing screening (ORC 3701.507 (B)(3)(e)) • Recommendations for the preparation of the information provided to parents (ORC 5701.507 (B)(3)(f)) 	<ul style="list-style-type: none"> • Subcommittee members discussed recommendations that included monitoring pass/non-pass screening rates by UNHS screener • Subcommittee members requested additional data regarding the primary language of mothers for 2017 Births under the thought that it may be language barriers that cause lost to follow up to diagnosis • Subcommittee members discussed how the committee can assist with improving screening activities that relate to UNHS • Members participated in actively capturing their recommendations in written format so these recommendations can be included in the prioritization activity that will occur electronically following the meeting. Recommendations included: <ul style="list-style-type: none"> • Engage parents in the development of parent-intended handouts and materials • Ask select families randomly to give solicited feedback about hearing screening experience in birthing centers/hospitals (5-6 facilities/web-based survey) • Use proxies for population review among those working with the families you are trying to tap for feedback of family information • UNHS committee letter of outstanding performance for exceptional hospital status • Hospital Practice get leadership survey at rounds for sharing • Create survey using the parent insight about the screening process and re-counsel/educate about "non-pass" results
Diagnostic Report	<ul style="list-style-type: none"> • Overview of the diagnostic COACH web-based trainings <ul style="list-style-type: none"> • 33 audiologists have attended 3 regional trainings • 32 audiologists are scheduled to attend the remaining regional trainings

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<p>Diagnostic Report Continued</p>	<ul style="list-style-type: none"> • Discussed the testing and scheduling changes that have begun to occur with audiologists who are in the process of completing the COACH trainings • Changes in baseline testing will be compared to baseline testing for individual audiologist to determine change in protocol • Summary of the Undetermined Results Survey presented to members • Barriers identified by audiologists were addressed • Continued assessment of audiologists with high percentage of undetermined results within peer group • Discussed the majority of babies who did not receive a confirmed diagnosis tend to have middle ear issues or only one ear confirmed for testing • Audiology indicator reports will be provided to individual audiologists again this July • Release of the Pediatric Audiology Directory will be provided to subcommittee to review and provide recommendations before the release for completion
<p>Subcommittee Recommendations for Improving Diagnostic</p> <ul style="list-style-type: none"> • Recommendations for the identification of locations where hearing evaluations may be conducted (ORC 3701.507 (B)(3)(b)) • Recommendations for methods and techniques of hearing screening and hearing evaluation (ORC 3701.507 (B)(3)(c)) • Recommendations for referral, data recording and compilation, and procedures to encourage follow-up hearing care (ORC 3701.507 (B)(3)(d)) • Recommendations for the preparation of the information provided to parents (ORC 5701.507 (B)(3)(f)) 	<ul style="list-style-type: none"> • Subcommittee members discussed recommendations that included developing pathways and best practice for infants who have middle ear issues but also have non-pass UNHS • Subcommittee members recommended also including a facility-based audiology indicator report for audiology facilities • Subcommittee members recommended to send the individual audiology indicator reports to supervisors of audiologists to encourage discussion and use of reports • Members participated in actively capturing their recommendations in written format so these recommendations can be included in the prioritization activity that will occur electronically following the meeting. Recommendations included: <ul style="list-style-type: none"> • Identifying next steps for high/low performing diagnostic audiology facilities • Engage parents in the development of parent-intended handouts and materials • From working group to brainstorm how to reduce percentage of undetermined results • For Middle Ear fluid management – while determining hearing status – encourage facilitate language development • Build best practice/pathway for middle ear fluid in UNHS - include audiology, ENT, pediatricians and parents • Guidelines on diagnostic testing in the context of middle ear issues • Send written materials on Otitis Media/Fluctuating conductive hearing loss and effects on academics and school performance, etc.

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<p>Subcommittee Recommendations for Improving Diagnostic Continued</p>	<ul style="list-style-type: none"> • Update Pediatric Audiology Services Directory to have a check box if use/not use COACH protocols (may encourage providers to seek training if public) • Provide education about each problem area of undetermined results (what is appropriate management of ME fluid/how long between retests when undetermined (long enough to clear but cognoscente of 1-3-6) • A lot of our problems relate back to fluctuating conductive loss/fluid. Is there a way to educate what is gold standard care in these cases? • Diagnostic – Report cards of DX, AUDs, sent to supervisor of program to help audit and educate staff. • COACH and ENT create best practices and recommendations to manage fluid and children with hearing loss.
<p>Early Intervention Report</p>	<ul style="list-style-type: none"> • OCECD reported the number of contacts made to families to encourage EI enrollment during the August 2018-March 2019 period • Individual Contacts Made-395 • Total number of calls-759 <ul style="list-style-type: none"> • Unable to contact 145 • Refused 25 • Enrolled in EI 120 • Already Enrolled 40 • Want future call 16 • Parent handbook has been drafted to assist families at time of diagnosis with unbiased communication options and education about EI services
<p>Subcommittee Recommendations for Improving Referrals and Enrollment in Early Intervention</p> <ul style="list-style-type: none"> • Statewide hearing screening, tracking, and early intervention program to identify newborn and infant hearing impairment (ORC 3701.507 (B)(3)(a)) • Recommendations for the preparation of the information 	<ul style="list-style-type: none"> • Subcommittee members discussed recommendations that included reviewing data differently by unilateral and bilateral loss • Members participated in actively capturing their recommendations in written format so these recommendations can be included in the prioritization activity that will occur electronically following the meeting. Recommendations included: <ul style="list-style-type: none"> • Make contact with dispensing audiologists/hearing aid dealers to help engage children in EI – possibly through Ohio Board • Engage parents in the development of parent-intended handouts and materials

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provided to parents (ORC 5701.507 (B)(3)(f))	<ul style="list-style-type: none"> • All concentrate on what has worked with low SES in other states to reduce LTF • Audiologist calls in real time facilitates calling EI with family for connection to EI • Materials for audiologists to convey what is EI – use family input in development of information • Ensure EI phone call system and include private therapy as a data field in their tracking system and reporting • Systematic tracking of refusals for EI referral • A lot of our problems relate back to fluctuating conductive loss/fluid. Is there a way to educate what is gold standard care in these cases? • Campaign for EI? The algorithms of Facebook and Instagram link their sponsored posts to internet searches. Maybe target people searching hearing loss in infants
Strategic Planning <ul style="list-style-type: none"> • Action Items for 0-3-6 	<ul style="list-style-type: none"> • Subcommittee members listed recommendations for the improvement in the 0-3-6 benchmarks (screening, diagnosis and improving referrals and enrollment in EI) • Action items will be listed and made available to Subcommittee members to prioritize action items by each benchmark (0-3-6)
Meeting Evaluation/Adjourn	Meeting Evaluation/Adjourn
Subcommittee Vote for Action Items 0-3-6	Post-meeting activity
Next Meeting Date	Friday, August 30, 2019