

Crash and Catch-up: Follow-up Protocols in Response to Covid-19

EHDI 2021 Virtual Conference

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Meet the Team



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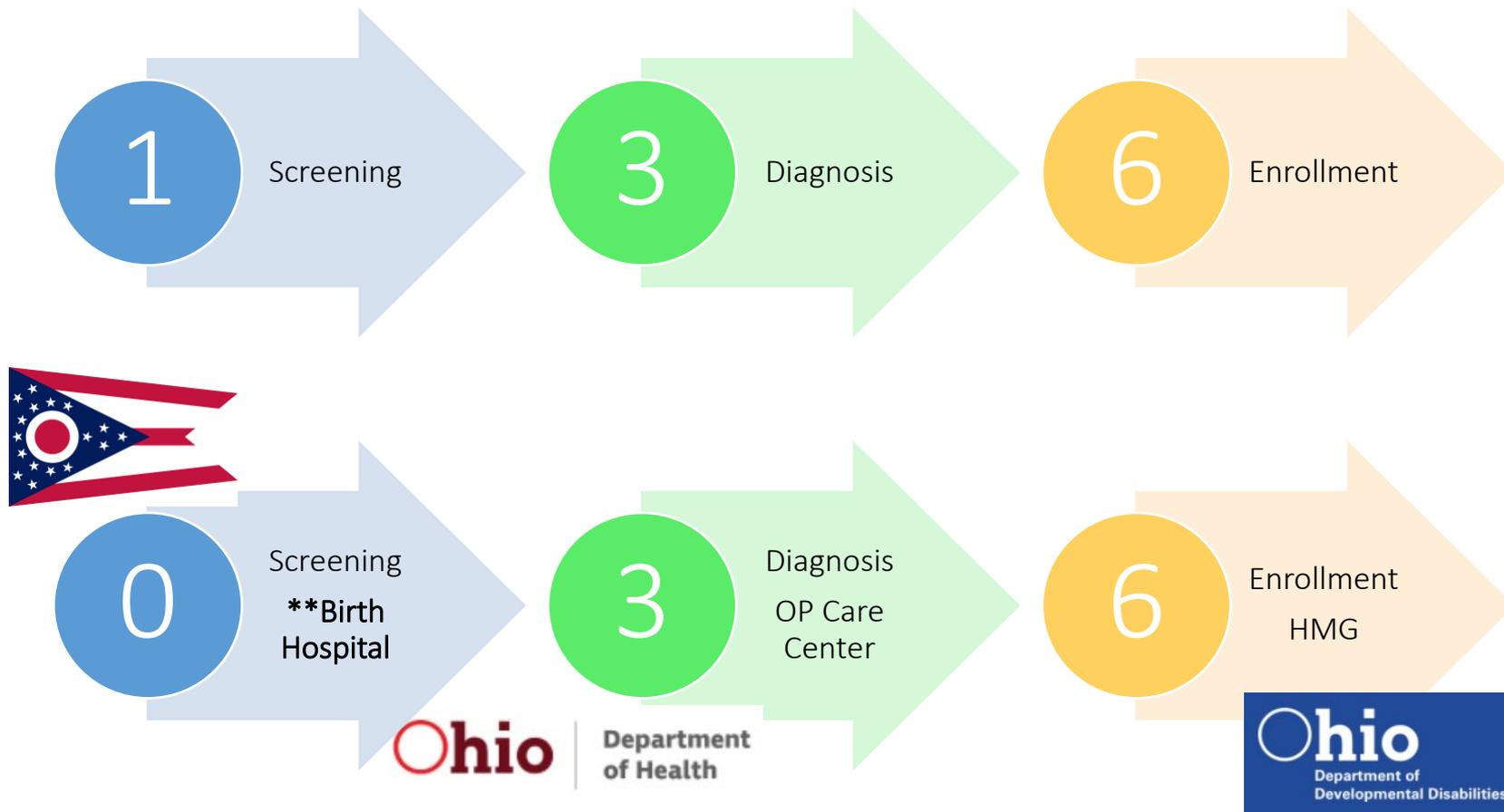


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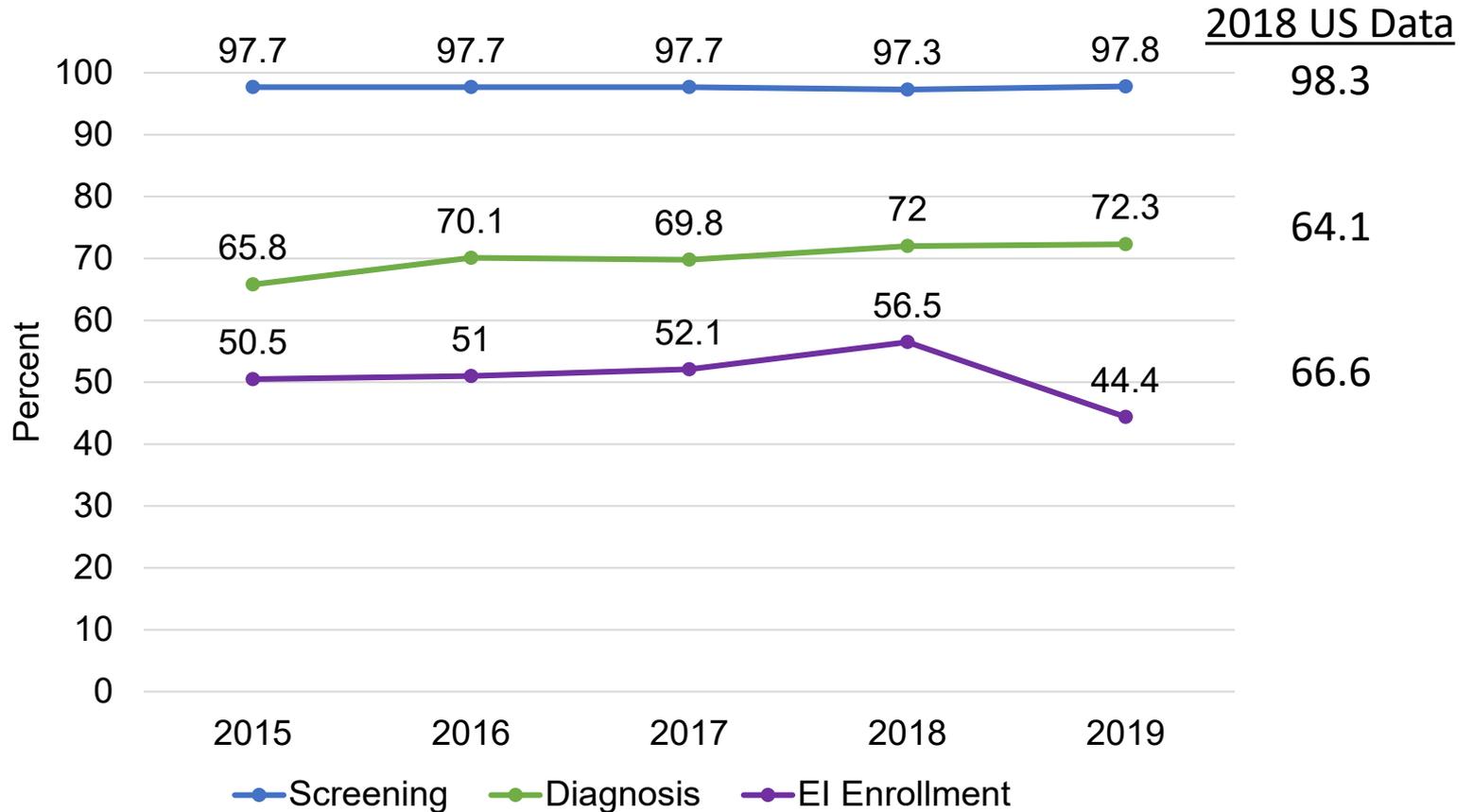
Learning Outcomes

1. Review how COVID-19 impacted screening, diagnostic testing and confirmation of HL in Ohio.
2. Discuss steps taken by EHDI and audiologists across the state to build emergency guidelines meant to support scheduling and access of infant diagnostics.
3. Evaluate the current status within Ohio as well as obstacles to success and plans for the ongoing downstream impact.

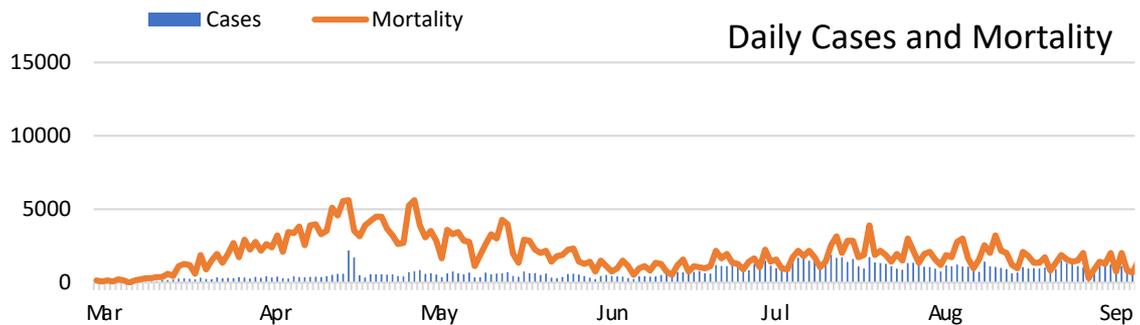
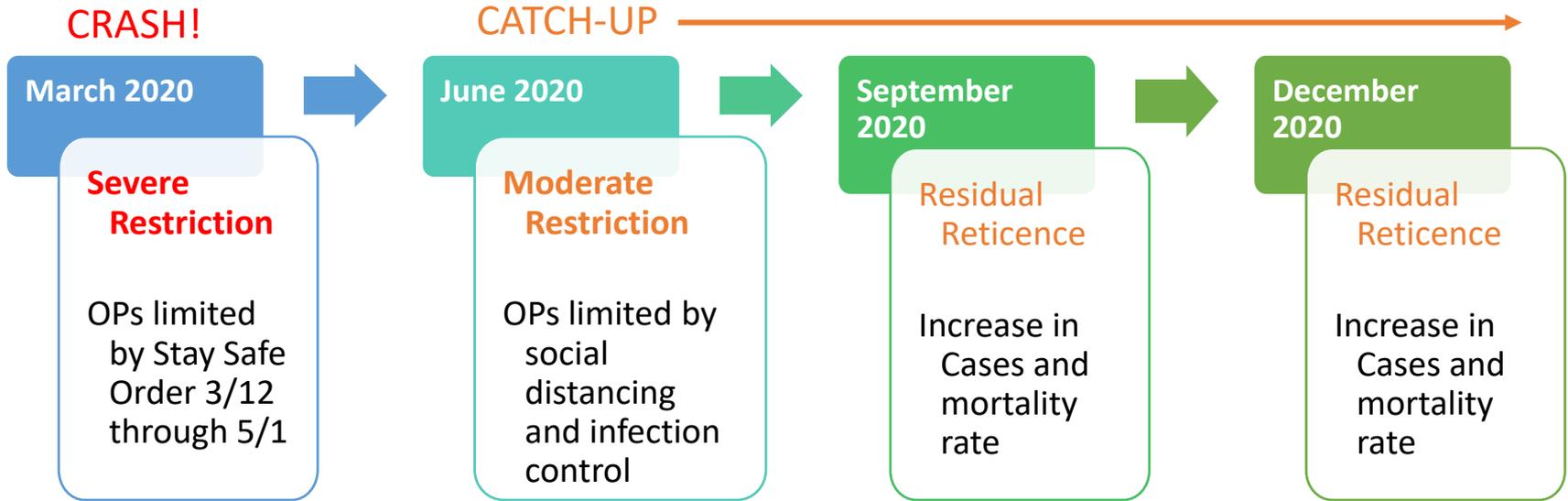
EHDI in Ohio



EHDI in Ohio- CDC Benchmarks

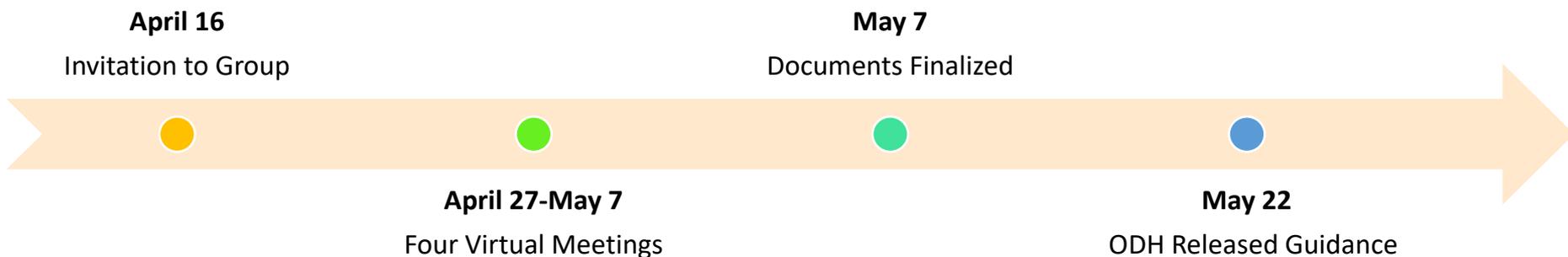


COVID-19 Timeline in Ohio



Audiology Work Group

- Initiated by ODH with Drs. Kothari & Hounam as Co-leaders
- Extension of COACH group work to facilitate diagnostic assessment in Ohio



Audiology Work Group

- Holle Aungst, AuD- CCF Hillcrest Hospital
- JoLynn Blair, MA, CCC-A, Dayton Children's
- Ursula Findlen, PhD- Nationwide Children's
- Gina Hounam, PhD- Nationwide Children's
- Lisa Hunter, PhD- Cincinnati Children's
- Reena Kothari, AuD- Ohio Department of Health
- Prashant Malhotra, MD- Nationwide Children's
- Rachel Maynard, AuD- Adena Regional Medical Center
- Linda McGinnis, MA, CCC-A- Dayton Children's
- Susan Wiley, MD- Cincinnati Children's
- Carrie Wingo, AuD- Cincinnati Children's



Audiology Work Group

- Goal: To provide evidence-based guidance to diagnostic centers regarding the implementation of triage/prioritization for the catch-up phase of diagnostic testing in Ohio
- Expected Outcomes:
 1. To ensure timely diagnosis (by 3 months of age or as soon as possible)
 2. To reduce loss-to follow-up that can occur as a result of interruption of typical clinical service delivery during national or global crises.

Guidance Document



Temporary Recommendations for Ohio EHDI Infant Audiologic Diagnostic Recovery Planning

Introduction

The purpose of this document is to provide recommendations on clinical guidance for continued diagnostic services for infants less than six months of age who did not pass the newborn hearing screening at birth during the COVID-19 pandemic. Both the American Academy of Pediatrics¹ and the American Academy of Otolaryngology² have indicated that continued early hearing detection and intervention for hearing loss in infants and young children is essential during national crises, such as the current COVID-19 global pandemic. This document will provide temporary recommendations on triaging of infants who did not pass the newborn hearing screening and/or infants who need additional testing to confirm diagnosis, to facilitate timely follow-up in accordance with recommendations from the Joint Committee on Infant Hearing³ and the Ohio EHDI 0-3-6 Program.

Clinical Indications

1. Infants who did not pass the newborn hearing screening and therefore require diagnostic follow-up for determination of hearing status.
2. Infants who did not have a complete evaluation (partial testing) to determine hearing status and need final diagnosis outcome.

Expected Outcomes

1. To ensure timely diagnosis (by 3 months of age or as soon as possible) of congenital hearing loss in infants who did not pass the newborn hearing screening in accordance with JCIH (2019)³, the Ohio 0-3-6 EHDI Program, The Ohio Revised Code (ORC)⁴, and the Ohio Administrative Codes (ORC)⁵.
2. To reduce loss-to-follow-up that can occur as a result of interruption of typical clinical service delivery/availability during national and/or global crises.

Suggestions for Triaging Process

For children identified to be at risk for hearing loss via referral on the newborn hearing screening, audiologic diagnosis should be initiated without delay and preferably prior to 3 months of age or as soon as permissible using safety measures. Standard timelines may be extended due to the stay at home orders initiated by the state of Ohio since March 2020 to present. The following priority scale provides suggestions to assist clinics in triaging and scheduling infants who did not pass the newborn hearing screening during interruptions in clinical service delivery due to COVID-19, who are awaiting diagnostic testing, and also for those infants who had partial testing and are without completed hearing evaluation

- Suggestions for Triaging Process
- Scheduling Guidance
- Other Considerations:
 - COVID-19 Transmission Risk
 - PPE and Precautions
 - Referral to Early Intervention
- Scheduling Surge Solutions

<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/infant-hearing-program/COVID-19Resources>

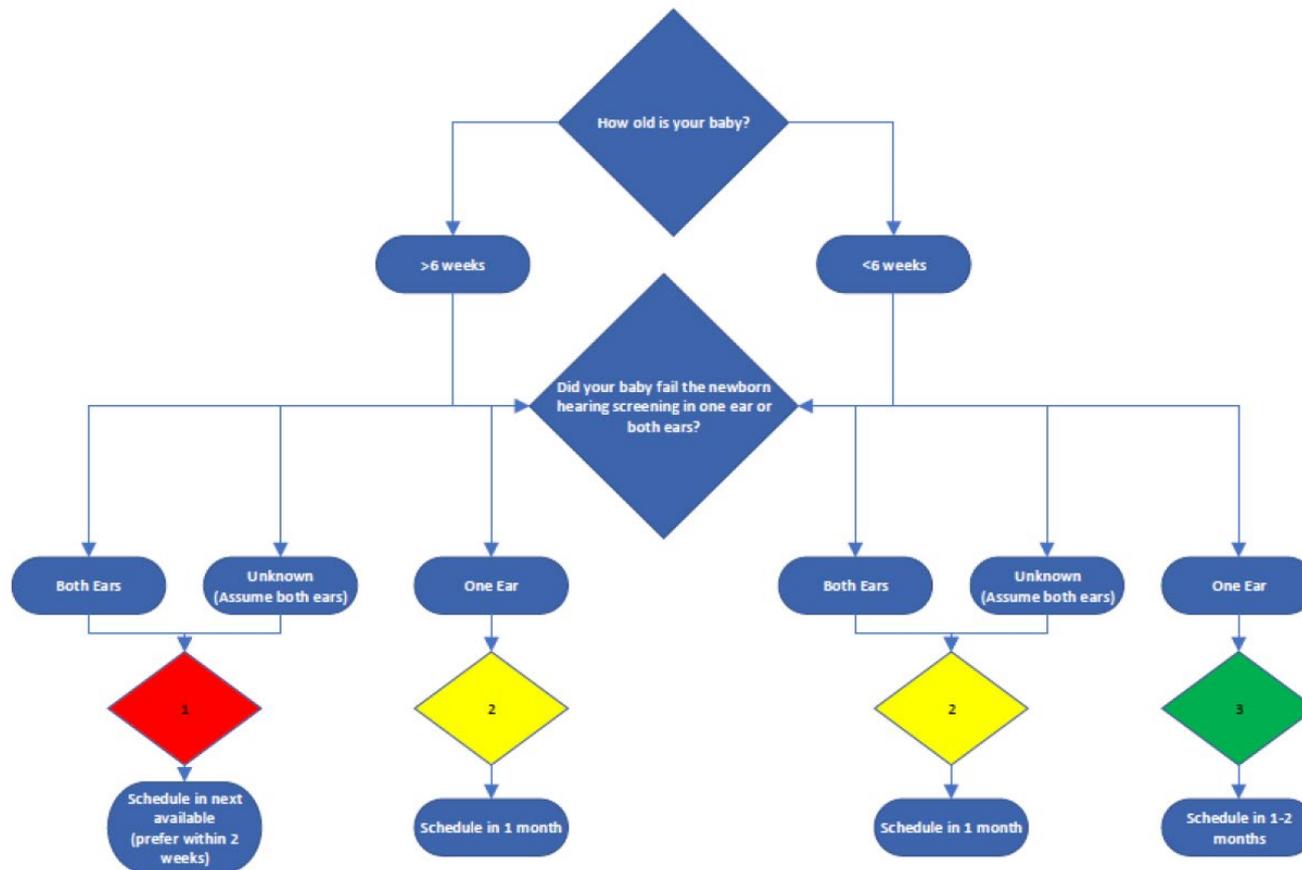
Triaging & Scheduling

Priority 1	Priority 2	Priority 3
<ul style="list-style-type: none">▪ Bilateral referral > 6 weeks of age▪ Schedule ASAP, preferably within 2 weeks	<ul style="list-style-type: none">▪ Bilateral referral < 6 weeks of age▪ Unilateral referral > 6 weeks of age▪ Schedule within 1 month	<ul style="list-style-type: none">▪ Unilateral referral < 6 weeks of age▪ Schedule in 1-2 months

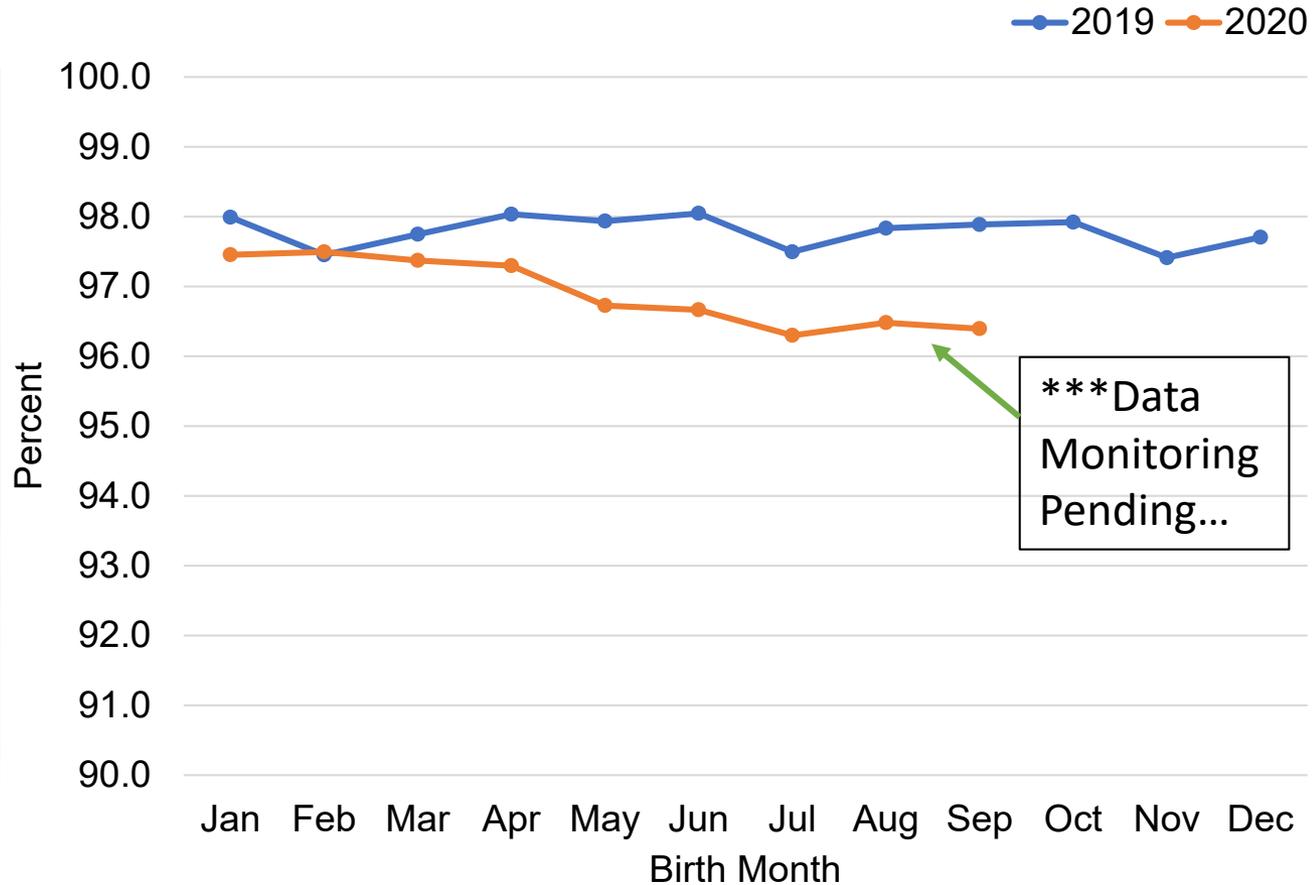
Considerations:

- **Current age** of infant must be taken into account- schedule older infants first
- Associated **Risk Factors**- schedule infants with more risk factors first
- If laterality of screening unknown, assume bilateral

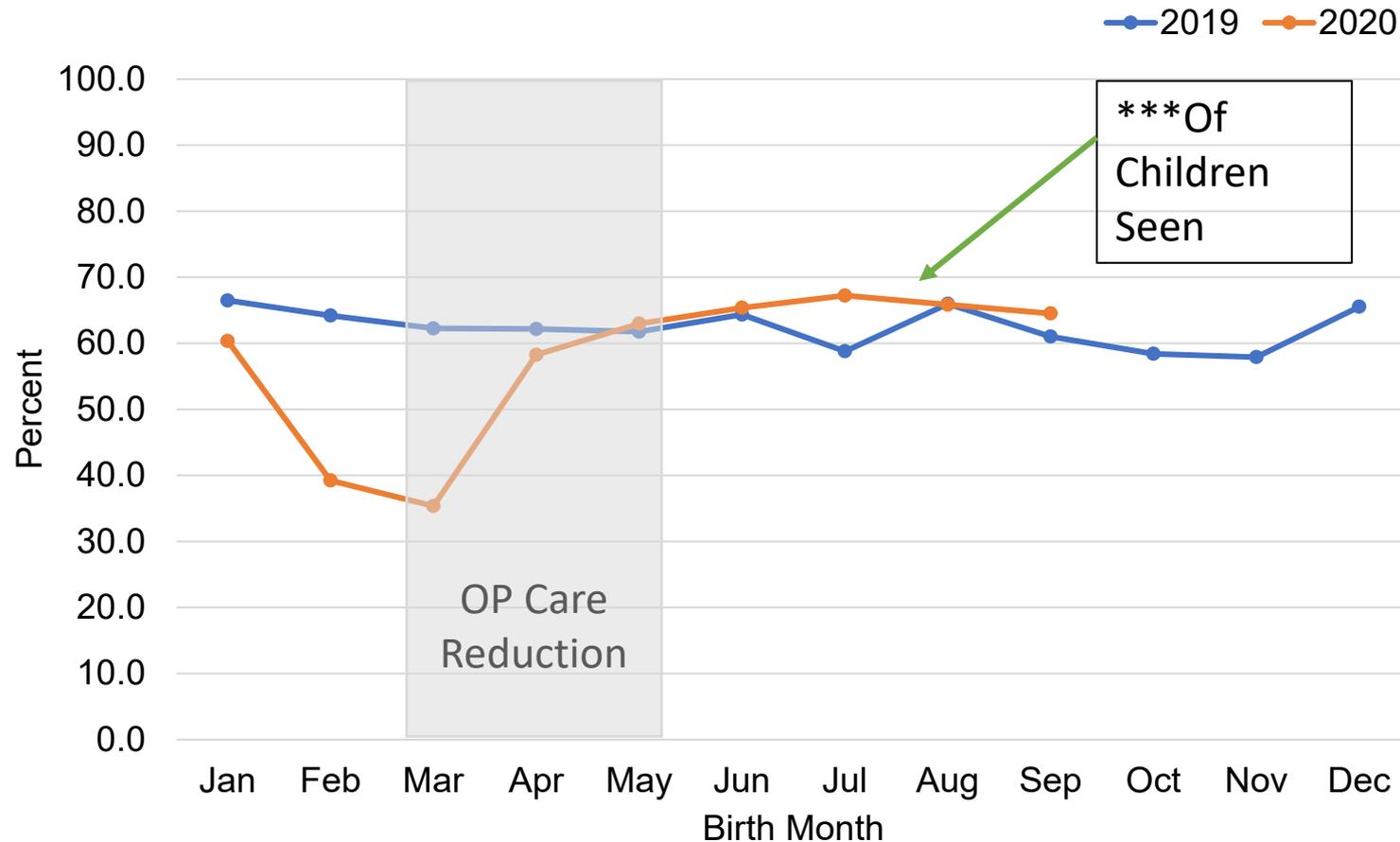
At-a-Glance Decision Tree



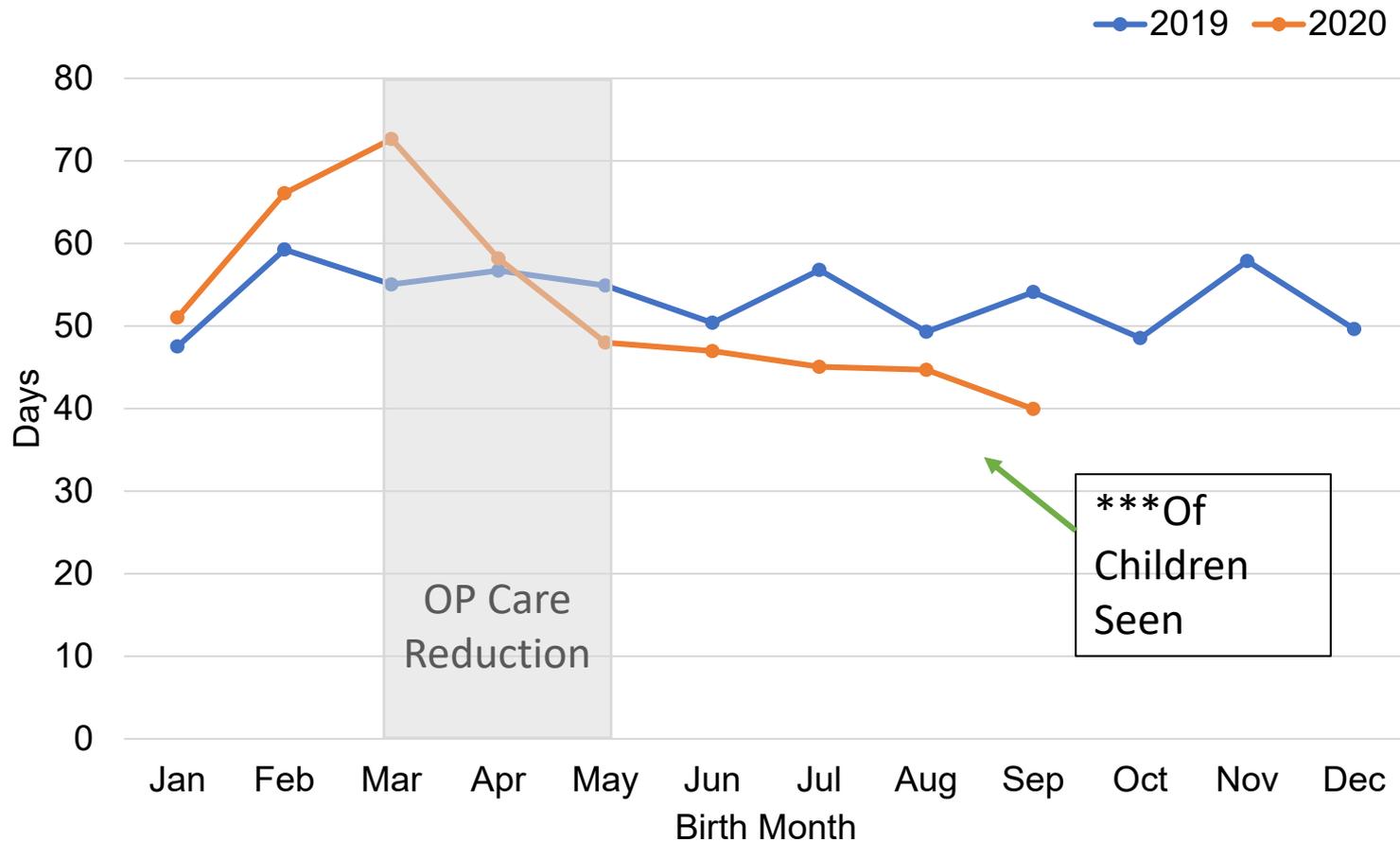
Infants Screened



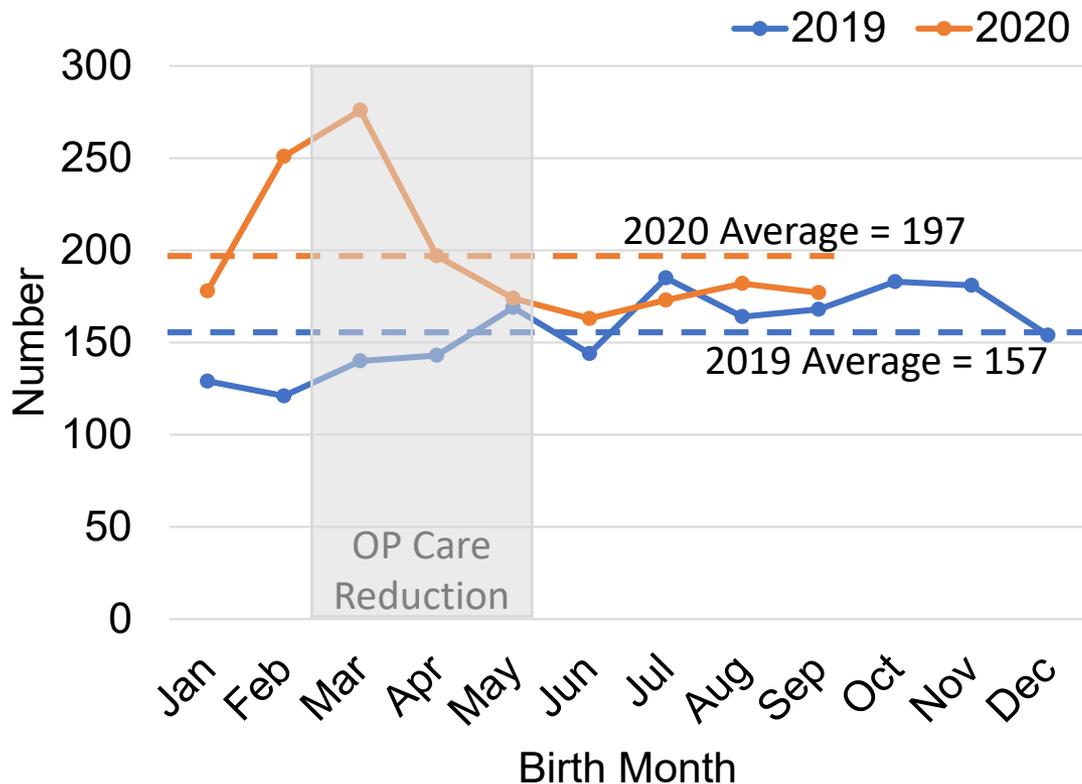
Diagnostic Appt. by 3 months of Age



Age at Confirmed Diagnosis



Number of Missed Infants



- Currently, we have and additional 480 babies who have not received diagnostic services when compared to 2019
- Approximately 231 babies are expected to have undiagnosed hearing loss this year

Potential Obstacles/Unknowns

- Facility-specific capacity impacted by continued social distancing and cleaning procedures
- Family reticence to attend appointments given current increase in COVID cases and mortality rates
- Downstream Impact
 - Infants born during the early stages of the pandemic are now needing behavioral testing as opposed to ABR testing for diagnostic assessment

Ongoing & Future Needs

- Continued monitoring of COVID-19 pandemic and changes in directives as vaccines roll out
 - Present to our UNHS Subcommittee Advisory Group
- Continued partnership between state EHDI program, birthing hospitals, and diagnostic test centers to facilitate timely follow-up
 - Re-engage Audiology Workgroup for future planning of quality improvement projects
- Evaluate the impact on the Early Intervention phase of EHDI
- Infant audiology diagnostics should be considered essential services during future pandemics/crises

Thank you!

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Mallory Minter-Mohr (data questions)

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Temporary Guidelines:

<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/infant-hearing-program/COVID-19Resources>