



Wisconsin Division of Public Health
Newborn Screening Hearing Subcommittee Meeting
October 25th, 2021
12:00pm – 2:00pm
Zoom: <https://dhs.wi.zoom.us/j/84727156116>
Meeting ID: 847 2715 6116

Minutes

Meeting Invitees:				
x	Julie Kessel		Nicole Smith	Heather Hamilton
x	Connie Stevens		Amy Kroll	Lorien Leonhard
x	Jeanne Gustafson	x	Tony Kille	Amy Hartman
	Mei Baker		Tami Horzewski	Jon Douglas
	Cynthia Fowler	x	Kerry Jedelee	Matt Bieser
x	Elizabeth Seeliger		Anne Odusanya	Katie Plamann
x	Michelle Wurzer		Mary McCormick	x Chris Kometer
x	Emily Ann Olson		Maria Hanstedt	Pamela Jinsky
x	Brooke Zirzow	xx	Julia Holman / Bonnie Eldred	Hollie Barnes Spink
	Sam Hall		Michelle Verheyen	x Lori Witterman
x	Kristi Riley			
Guests				
x	Meredy Hase			

Purpose of Meeting: The Newborn Screening Hearing Subcommittee serves in an advisory capacity to the Umbrella Committee and Wisconsin Sound Beginnings Program regarding the specific programmatic initiatives and directions.				
Facilitator/Chair: <u>Dr. Julie Kessel</u> Recorder: <u>Connie Stevens</u>				
Info Decision Discuss.	Time:	Topic(s)	Follow-up Items Decision/action: Name: Date due:	Content-focused minutes
Info	12:00 pm	Welcome and Introductions		Last we met was Fall 2020; minutes were approved via email. Introductions completed. Meeting included 2 ASL interpreters and captioners.
Info	12:10 pm	DHS Updates		No DHS updates shared.
Info	12:20 pm	CMV Workgroup Updates		Collaboration btw WSB, DHS, Meriter newborn hospitalists, SLH – progress in targeted CMV screening. Presentations on extending blood spot retention to five years was done in the spring 2021 to Umbrella Committee and WAPC.



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				<p>CMV screening didn't meet core conditions to add as an additional screening.</p> <p>Presentation also included the pilot done via the collaboration: Urine screening done at Meriter. COVID impacted: 3rd screen didn't occur but instead referred to UWAFSC right away, better documentation. Dr. Jedele added Gunderson hospital protocol and shared a story highlighting that a positive CMV screen does not always mean that the hearing loss is due to CMV. Dr. Zirzow shared that Children's is doing a pilot too, hearing based and they use ENT as first point of referral. Children's NICU screening done by AuD (screening ABR and OAE).</p> <p>Dr. Seeliger said it would be nice for this to be voluntarily done by organizations rather than legislating it. It was agreed that it would work best for each hospital system to develop their own procedures, but developing guidelines would be beneficial. Dr. Seeliger mentioned JCIH has guidelines too.</p> <p>Dr. Seeliger said WSB has been directed by the HRSA EHD1 grant to expand hearing screening beyond 0-3 age group. Also CMV screening should not be hearing based. Discussed 2 ear hearing screening – both ears should be rescreened and not just the one which initially referred. There needs to more competency training.</p> <p>Julie Holma mentioned foster children are missing hearing follow-up appts and school referrals.</p> <p>Dr. Seeliger mentioned the refugees wondered about the screening and follow-up that they are getting.</p>
	12:45 pm	NICU and BU Best Practices survey ideas	<ul style="list-style-type: none">• People continue to think about what should be included in the survey.• Think about CMV educational materials.	<p>Finding out recently that some hospitals are not maintaining best practice, Dr. Seeliger is proposing surveying NICU and BU. She asked for other issues we should survey. Dr. Jedele mentioned that neonatologists practices may differ so question who would complete survey.</p>



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				<p>Jeanne said midwives should also be included. In the past survey sent to nursing managers and they sent to whoever they feel would be best. Brainstorm on how to encourage return of survey.</p> <p>Connie suggested we ask in survey how families are communicated results of appointment. Dr. Jedele added we should ask when they are given results.</p> <p>Dr. Jedele said EPIC should have results on problem list rather than notes section.</p> <p>Dr. Jedele also said people more likely to use an app – use hyperbilirubinemia results as an example.</p>
Info	1:00 pm	<p>WSB Report</p> <ul style="list-style-type: none">• Advisory Committee Restructuring• Budget• Data Review	Committee members will share any concerns or feedback to Elizabeth or Julie	<ul style="list-style-type: none">• Advisory Committee Restructuring – DHS is looking at the CV need and how we do the work. Dr. Seeliger acknowledged there are 35 people on roster and the ones in the meeting are staff. It is good to get feedback from stakeholders and this is actually dictated via federal grant that this group be a certain % parents and % of d/hh individuals. Also dictated by state practices but can change as appointments change. Required to take a report to the Umbrella Committee twice a year.• Budget – WSB was informed that the budget will be cut by approximately \$700,000 beginning January 2023. There has been a proposal to increase the Newborn Blood Card fee but it has been opposed and has lost momentum. Essential components of the WSB program including parent to parent support and loss to follow-up prevention will no longer be funded by the Title V Block grant. Data Review – was largely covered in the CMV report out. Nothing new was added here.
Discuss	1:15 pm	<p>Equity and Inclusion in EHD Discussion.</p> <ul style="list-style-type: none">• Systemic representation• Trauma informed care	We need to set up another meeting to discuss this topic.	End of March 2022, Elizabeth needs to submit an equity action plan, with the recognition that budget cuts will impact our current work and anything going forward. A separate meeting will be



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		<ul style="list-style-type: none">• Access		convened. Members of the advisory committee will be included but the meeting will include a broader group of stakeholders.
	2:00 pm	Convene		

“Parking Lot” Items: