

Guam Early Hearing Detection and Intervention Project

Guam Center for Excellence in

Developmental Disabilities Education, Research, and Service
University of Guam • Unibetsedåt Guahan
Office of Academic & Student Affairs
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Guam EHDI 1st Quarterly Advisory Meeting Phase IV, Year II December 5, 2013 Marriott Resort and Spa

Members Present

Mrs. Bridgette Flores-Lobo

Mrs. Trisha Suzuki

Dr. Robert Leon Guerrero

Mrs. Joyce Flores

Ms. Ruth Sabangan

Mrs. Pat Mantanona

Mrs. Ann Marie Cruz

Ms. Valerie Meno

Ms. Lina Leon Guerrero

Mrs. Ma. Victoria Guiao

Mrs. Avelina Opena

Ms. Margarita Gay

Ms. Sherry Cruz

Ms. Cora Raz

Members Absent

Dr. LeeAnn Barcinas Mr. Edmund Cruz Ms. Jovita Fe Monforte

Lt. Seth Garcia

Mr. David Zieber Mrs. Cathy Tydingco

Guam EHDI Staff Members Present

Mrs. Elaine Eclavea

Dr. Margaret Blaz

Ms. Jessica Chaco

Dr. Velma Sablan

Ms. Ruth Leon Guerrero

Mr. Joseph J. Mendiola (JJ)

Mrs. Vicky Ritter

Mr. Sean Lizama

Meeting Notes

Meeting was called to order by Ms. Margarita Gay at 11:42 a.m.

- 1. There were not enough members present to represent a quorum. The review and approval of the minutes for May 24, 2013 was tabled.
- 2. Mrs. Eclavea reviewed the Project Rikohi goals.
- 3. Goal 1: To reduce loss to follow-up (LFU) at 1, 3, and 6 months of age by 50% or better of the current rates.
 - Objective at Initial Screening: To maintain initial hearing screening at 99% benchmark or better prior to discharge or 1 month of age as mandated in local Guam law P.L. 27-150 and maintain LFU for initial screening prior to discharge, at less than 1%.
 - Mrs. Avelina Opena reported on Guam Memorial Hospital Authority's (GMHA) initial hearing screening data of August to October 2013. The combined total screening rate for GMHA and SMBC is 95%, and a FIS rate of 2%.



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- Objective at Outpatient Rescreen: At outpatient rescreen, reduce LFU rates from an average of 13% to 6.5% or less.
 - ➤ Mrs. Pat Mantanona reported on outpatient rescreen data for the same time period. Two infants discharged from GMHA are scheduled to complete their hearing rescreening in December. A 100% return rate for outpatient rescreen was achieved for October, with the average LFU rate for the quarter at 10%!
 - > SMBC also had <u>no</u> infants Lost to Follow-up (LFU) for Rescreen for this reporting period!
- Objective at Diagnostic Audiological Evaluation (DAE): To reduce the LFU for DAE by 3 months of age, from 6% to less than 1%.
 - Mrs. Mantanona reported that both babies noted as "pending completion of DAE" completed their DAE in December, with one baby found eligible and is being processed to receive GEIS services. One family that refused services wanted to see a geneticist first before proceeding with services.
- Objective at Early Intervention: To continue to monitor enrollment of infants with hearing loss to ensure early intervention services by 6 months of age and to continue to maintain LFU for early intervention at less than 1%.
 - > Mrs. Eclavea noted the high number of families refusing GEIS services.
 - Mrs. Mantanona reported that for this reporting period, 3 children had an Individualized Family Service Plan (IFSP) in place by 6 months of age and one family refused services and had no IFSP completed.
 - > New strategy:
 - o Give the new parent of a child diagnosed with hearing loss a number of a parent from the Guam EHDI Family Support Group.
 - Make a short snippet (pictures with stories) for parents to read about parents' story regarding their experience dealing with a child with hearing loss; have new parents read this
 - After parents read the snippet, ask parents for permission to give their contact number to a parent in the Guam EHDI Family Support Group for the experienced parent to contact them.
- Objective at High Risk: To reduce the LFU for infants with high-risk factors from an average of 32% to 16% or less.
 - ➤ Mrs. Mantanona reported that this same time period the LFU rate for high risk screening was reduced from 50% in August to 18% in October, with the average LFU rate for infants returning for 6-month follow-up is 37%.
 - Ms. Sherry Cruz noted that one barrier is that some physicians prescribe the "wait and see" attitude with any observed delays in a child's development. Some type of training for physicians is warranted to reduce the incidence of this barrier to timely assessment and intervention.
 - > Recommendation to have a community effort to inform parents about high risk screening and importance, other than GEIS.
 - ➤ New strategy: Make a looped DVD about the importance of completing any recommended follow-up of hearing screening, to show at different clinics or waiting areas and available in other languages.



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- 4. <u>Goal 2:</u> Using the National Initiative on Child Health Quality (NICHQ) Learning Collaboratives, identify within the Guam EHDI system where infants and families are getting "loss" and to implement any culturally appropriate programmatic changes, small or large, that will prevent LFU from happening.
 - Mrs. Eclavea updated members on the Model for Improvement (MFI) data collected from July 2012 – July 2013. Six percent of the infants that needed hearing screening by 6 months of age due to high risk factors did not have any screening documented.
 - Suggestions made by members to reduce LFU for 6-month follow-up:
 - > New strategy: Create Ad Hoc committee to address the high risk LFUs and provide recommendations.
 - New strategy: Include Public Health clinics in helping screen high risk infants that come for well-baby check-ups.
 - > New strategy: Request help from Interagency Coordinating Council on this issue.
- 5. <u>Goal 3:</u> To continue to develop and implement cultural competency at all levels of the hearing continuum ensuring principles of equal access and nondiscriminatory practices in service delivery.
 - Mrs. Eclavea discussed the recent development of meetings with U.S. Naval Hospital (Audiology Department). They will make GEIS referrals and give us names of children that were born at Naval Hospital but will not qualify for rescreen or high risk follow-up through their hospital.
 - New strategy: Use MFI process when following through with recommendations from the Ad Hoc committee addressing the high risk LFU issue.
 - Data review of high risk infants noted a 30% LFU rate of infants due for high risk screening from July 2012-July 2013.
 - New strategy: Use MFI process when implementing screening high risk infants during well-baby checkups at Public Health Clinics.
- 6. Goal 4: To develop, implement and track those planned or systematic measures necessary to provide confidence that Guam EHDI services satisfy requirements for high quality assurances.
 - Dr. Sablan shared results of the physician's survey conducted to assess training needs of
 physicians as well as determine what strengths/weaknesses have developed regarding universal
 newborn hearing screening. Areas of concern and areas where training was needed were
 discussed. It was noted that training of physicians should be conducted by the Pediatric
 Champion to create the biggest impact. The next survey to be conducted will be the Inpatient
 Survey of moms whose infants have completed hearing screening.
 - Dr. Leon Guerrero commented that wrong phone numbers in old brochures are still in some clinics. Distribution of current brochures/posters with current information is anticipated within the next month.
- 7. Mrs. Vicky Ritter reported on training, hearing screening and outreach events for this reporting period.
- 8. Mr. Sean Lizama reported on media development. The updated Guam EHDI video is completed, the Guam EHDI website has been redesigned, and posters are being updated.

The meeting was adjourned at 1:40 p.m.