



Guam EHDI 4th Quarterly Advisory Meeting

Phase IV, Year II

November 20, 2014

Hilton Guam Resort & Spa

“Galleria”

11:30am-1:30pm

Guam EHDI Advisory Members Present:

Anciano, Christina	Ma Victoria “Marivic” Guiao
Avelina “Bing” Opena	Kim Aeillo
Bridgette Flores-Lobo	Valerie Meno
Cora Raz	Ruth Sabangan
Edmund Cruz	Margarita Gay
Eileen Pascua	Christine Cubelo
Joyce Flores	
Katherine Eay	

Members Absent:

Alan V. Funtanilla	Lt. Seth Garcia
Ann Marie Cruz	Sherry Cruz
Capt. Rosanne Hartley	LCDR Patrielle Johnson
Dr. Ben Numpang	Trisha Suzuki
Glenda Leon Guerrero	Lina Leon Guerrero
LeeAnn Barcinas, Ph.D.	Francine Camacho
Patricia Mantanona,	Joseph Mendiola
Paula Ulloa	David Zieber
Renee Koffend	Dr. Robert Leon Guerrero

Guam EHDI Staff Members Present

Ruth Leon Guerrero	Joseph J. Mendiola (JJ)
Elaine Eclavea	Jessica Chaco
Dr. Margaret Blaz	
Victoria “Vicky” Ritter	

Meeting Notes

I. Call to Order, Introduction, & Approval of Meeting Minutes

- Margarita Gay called the meeting to order at 11:57 am.
- Present members identified themselves and their affiliation.
- Motion was made and Bing seconded to approve the minutes from the last meeting. The minutes were approved unanimously.

II. Rikohi: Goals & Objectives – Updates

- Vicky: HRSA has extended another year; goals and objectives will be reviewed, and will be introducing a concept with new vocabulary in terms with the changes made at the federal level with the Early Hearing Detection grant.
- New EHDI grant goals now will be called “Aims” and the Objectives now will be call “Sub Aims”.
- Advisory members will be provided updates on the quality improvement strategies and results and will have the opportunity to provide feedback and recommendations to reduce Loss to Follow-up at all levels.

Goal 1: *To reduce loss to documentation/follow-up by: Utilizing specific interventions to achieve measurable improvements in the number of infants who receive appropriate and Timely follow-up of infants who have not passed a physiologic newborn hearing screening examination by using specific LFU interventions to benchmark a reduction of 50% or better, the current rate of infants receiving appropriate follow-up at 1, 3, and 6 levels.*

- Ruth Sabangan and Christina Anciano reported on Guam Memorial Hospital Authority's (GMHA) and Sagua Managu Birthing Center's (SMBC) data from July to September 2014, initial hearing screening data from July to September 2014. JJ reported the combined total screening rate for GMHA and SMBC is 99%, and a Failed Initial Screening (FIS) rate of 3-6%, well below the national percentage.
- JJ Mendiola reported on outpatient rescreen data for the same time period. In July there were 11 babies that referred; 1 were rescreened; 1 wasn't rescreen due to relocating, so there were no LFU for this month. In August 9 needed to be rescreened; 4 came back for a rescreen of the 5 that didn't show up/relocated; 2 are still pending; 2 are LFU so it was at 22% LFU for the month of August. For September, 3 failed initial screening; 1 came back for a rescreen and 2 still pending. GEIS did mention that for those babies that are pending a rescreen, they did have an appointment scheduled but they ended up either canceling it or not showing up so they had to reschedule an appointment, which will occur in December.
- JJ Mendiola reported SMBC outpatient rescreen data for the same time period. SMBC screened every baby that failed the initial screening at their facility. So in July there were 3; in August there were 3; September there were 4. All 10 of the babies came back for the outpatient rescreen at Sagua Managu.
- Bing reported that they were initializing a place in the MSCH unit for a hearing screening room for outpatient rescreen. She says they've awarded the bid, but she's not too sure when it'll happen.
- JJ Mendiola reported on rescreened data for the same period. GEIS schedules all DAE's. For the months of January to September there were 16 kids that needed a DAE of those 16, 9 came back, of those 9, 7 received rescreening by 3 months and 4 were diagnosed with hearing loss. Of the 8 infants that didn't return for a DAE, 2 refuse services, 4 are pending, and 1 was LFU.
- JJ Mendiola reported on LFU with high risk factors from July to September 2014. We try to screen all babies who have passed initial screening and who has risk factors by 6 months of age. This is where the high rates of loss to follow-up come from. In July, there were 10 infants who needed high risk rescreening; 7 infants returned; 1 is still pending; 2 are lost to follow-up. In August, 9 needed a rescreen; 7 came back; 1 refused services; and 1 was lost to follow-up. In September, 7 needed a rescreen; 5 came back; 1 refused services; and 1 lost was to follow-up.
- For those infants who are pending, GEIS did mention that they had appointments scheduled, they just either missed it or were a no show and they are supposed to be rescheduled for a rescreen in December.

Goal 2: *Using the National Initiative on Child Health Quality (NICHQ) Learning Collaborative, 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.*

- Ms. Eclavea reported that were really supposed to be in year 2 of a 3 year cycle, but the U.S Department of Health wanted to put all the early hearing projects all on the same cycle, therefore we had to resubmit a new application to be on the same cycle. After the progress report was written, we were told that we are required to write a new grant.

Goal 3: *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.*

- Looking at the national initiative around child health quality and looking at the quality assurance.
- LFU: is it coming from certain ethnic groups; is it a cultural and linguistic issue that they are not coming back for the services.
- Systematically track and plan for: How well we are doing?

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.*

- We did 2 surveys:
 1. Hearing Screener Needs Assessment Survey: 13-item survey and included 36 hearing Screeners that completed it.
 2. Early Intervention Services Provider Needs Survey: 28-item survey and 11 Early Intervention staff completed it.
- We will be able to share a complete feedback including Naval Hospitals' results at the next advisory to see where the areas of needs are around hearing screeners.
- We looked at 5 top areas that the Early Intervention staff felt that their area of needs would be
- The gave the summary back to Early Intervention
- We provide training on how to work with families that have children with hearing loss. What are some ways we can support children with hearing loss.
- Upcoming: Inpatient Survey: total of 20 surveys to be done @ GMH; 4 people were trained on the survey; approved by the IRB

Goal 5: *To increase the number of infants with a medical home and collaborate with others in using the BSC Model for Improvement process and document the success level of tested strategies in order to reduce the number of infants at risk on Guam who lack a medical home from the average of 37% to 20% or better.*

- We need to have a team to really look at the definition and see how we can promote the medical home process.

Public Awareness

- Shawn reported on public awareness: He developed a DVD that would go in the Nene bags that are distributed to mothers at GMH. The DVD included early childhood information on different programs and parent testimonials as well, that explained the importance of early hearing detection.

Training and Activities

- Vicky reported on the different training and activities that Guam EHDI participates in, such as: Prenatal classes @ GMH/Sagua & Public Health, outreach activities (WIC immunization clinics), (2) trainings for nurses aids on equipment, & hearing screenings.

HRSA EHDI New Grant Focus

- Vicky reported: submitted application in November.
- Margaret reported on MFI: mechanism used to find out what is causing the lost to follow-up/ lost to documentation. We are going to do this assessment in all the different continuum. The first month of outpatient rescreen by 3 months, a DAE by 6 months and placement in GEIS if necessary.
- In this new grant we are having Quality Improvement committees; there would a core membership that will include: a project coordinator, DOE GEIS representative; data person; clinical audiologist; and at least a parent with a child with hearing loss; these are recommended by the Feds.
- We as a project will be taking the data and keeping count. Every Quality Improvement team will be the one to define what the aims are
- After those strategies have been determined by the team, it will be tested by the Plan, Do, Study, Act test system for short period of time. We are going to see if those strategies are effective and if not it will be a decision whether it will be abandoned or change it. It will be done several times until we get to the closet reduction of LFU/D, but this is at every level of the continuum.

Naval Hospital

- Kim Allio: Reported that the rescreen within the Naval Hospital stays within the Tricare system.
- Referral outside of Naval Hospital is not very likely unless there is no other means for testing to be completed. So the rescreen will most likely occur in Naval Hospital. USNH does not do DAE's or AABR so if there is a need for a referral to be done then it is up to the family.
- Kim commented on the diagnostic slide about keeping things consistent and using the right terminology for parents that is should be either a confirmed hearing loss or not.

Aim 1: *Elaine reported*

- Based on this Aim, there are 4 sub aims that we came up with based on data.
 1. We really need to look at the protocol to see if it's culturally and linguistically competent, we took the class assessment & modification classes we used their protocol to see if were asking the right questions. If were doing it in a way that parents would understand in our forms.
 2. To maintain the hearing screening rate @99% or better. This grant requires us to show some improvement by at least 5% or better. We added that it will increase 3 out of the 4 birthing facilities.
 - We currently have Guam Regional Medical City Center who is going to be opening soon. Started training with them and had a MOA that is going through.
 3. 2 of the 4 birthing sites will formalize and designate the role and responsibility of a hearing screening coordinator for sustaining and monitoring the universal hearing screening at 1 month.
 4. Attempt to obtain at least aggregated data from Naval Hospital for more inclusive and accurate data.
 - Need to double check the % of USNH birth per year.
 - Kim commented that they have 350-380 per year.

- Start to develop a plan with the core group to develop sustainability for the project.

Aim 2:

- Reducing the number of infants LTF/D currently at 6% who did not pass the outpatient hearing screening by one month of age to 4% or less.
- We used to same standard, were going to look at the protocol for outpatient rescreening; review outpatient data; etc.
- At each level there will be a QI team that will implement evidence based strategies and monitor it. If we find strategies that are effective then we will look to have it system wide.

Aim 3: *Monitoring & timelines*

- Looking at the protocol and timeliness of the DAE.
- To ensure the DAE will have a final diagnosis
- Mrs. Elaine brought concerns up to the superintendent of special education and asked for a meeting
- There was another institution that submitted in for teleaudiology, but Dept. of Education did not review the application.

Aim 4:

- Reducing the number of LFU/D for late onset
- Elaine: work on different strategies with Public Health
- Suggestion made by Bridgette: Putting a DAE into a Youtube format for parents to take a look at before their appointment to get an idea of what will happen.

Aim 5:

- Looking at protocol and we would want to maintain that at 100%

III. Open Discussion

- Kim: change the term “by 1mo.; 3mo., 6mo. Of age” to **BEFORE 1month; BEFORE 3months; & BEFORE 6months** of age. It just reinforces the early parts that were trying to get to.
- Christine: outreach 5K event (Awareness); she’s open to suggestions if anyone wants to join her to start one 5K
- Vicky: connect with the running club;
- Kim: creating an awareness month; May is speech & hearing month
- Elaine reported: Parent QI Teams: we want parent inputs; Jessica will be working on setting up a parent group
- Meet & Greet- Joyce/ Roy/ Jessica
- Next Meeting is in March
- Co-chair: Joyce
- Motion to adjourn 1st: Marvic
- 2nd: Bridgette

The meeting was adjourned at 1:35pm.