



Guam Early Hearing Detection and Intervention Project

Guam Center for Excellence in
Developmental Disabilities Education, Research, and Service
University of Guam • *Unibetsedät Guahan*
Office of Academic & Student Affairs
Dean Circle House 24/26 • UOG Station • Mangilao, Guam 96923
(671) 735-2466 (V) • (671) 734-6531 (TTY) • (671) 734-5709 (Fax)
Website: www.guamehdi.com E-mail: nenehearing@guamehdi.com

Guam EHDH 1st Quarterly Advisory Meeting Phase IV, Year I September 10, 2012 Guam Marriott Resort

Members Present

Ms. Glenda Leon Guerrero
Mrs. Joyce Flores
Ms. Trisha Suzuki
Mrs. Ma. Victoria Guiiao (Marvic)
Mrs. Avelina Opena (Bing)
Ms. Margarita Gay
Ms. Sherry Cruz
Mrs. Francine Camacho
Mr. David Zieber via Toni Taitano

Members Absent

Dr. LeeAnn Barcinas
Ms. Ruth Sabangan
Dr. Robert Leon Guerrero
Mrs. Bridgette Flores-Lobo
Mr. Joseph Mendiola (Joe)
Dr. Maria Andrea Alano
Dr. Dennis Triolo
Mrs. Cathy Tydingco
Mrs. Lorrha Santos
Mrs. Christina San Nicolas
Ms. Jovita Fe Monforte
Mrs. Kim Aeillo
Ms. Lina Leon Guerrero
Mrs. Ann Marie Cruz
Mr. Edmund Cruz
Mrs. Pat Mantanona

Guam EHDH Staff Members Present

Mrs. Elaine Eclavea
Mrs. Vicky Ritter
Mr. Sean Lizama
Mr. Joseph J. Mendiola (JJ)
Ms. Ruth Leon Guerrero
Ms. Jay-lynn Mendiola
Dr. Velma Sablan
Ms. Jessica Chaco
Dr. Margaret Blaz

Meeting Notes

Meeting was called to order by Ms. Margarita Gay at 10:30 a.m.

1. There were not enough members present to represent a quorum. The review and approval of the minutes for the last three Advisory Committee meetings held on June 2, 2011, September 17, 2011, and December 14, 2011 were tabled for the next meeting due to the lack of a quorum.
2. Mrs. Eclavea reviewed the Project Rikohi goals.



Guam Early Hearing Detection and Intervention Project

Guam Center for Excellence in
Developmental Disabilities Education, Research, and Service
University of Guam • *Unibetseddt Guahan*
Office of Academic & Student Affairs
Dean Circle House 24/26 • UOG Station • Mangilao, Guam 96923
(671) 735-2466 (V) • (671) 734-6531 (TTY) • (671) 734-5709 (Fax)
Website: www.guamehdi.com E-mail: nenehearing@guamehdi.com

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%.*
 - Mr. JJ Mendiola reported on initial hearing screening data, from January to June 2012. Guam Memorial Hospital Authority (GMHA) screened an average of 98% of their infants, and a 3% average FIS rate. Sagua Managu Birthing Center (SMBC) screened an average of 96% of their newborns, and a .6% FIS rate. It was noted that if infants from Naval Hospital were counted in the initial screening rate, the rate would be about 80%, due to the lack of any screening data from Naval Hospital. The combined total screening rate for GMHA and SMBC is 98%, and a FIS rate of 2.9%
- *Objective at Outpatient Rescreen: At outpatient rescreen, reduce LFU rates from an average of 13% to 6.5% or less.*
 - Mr. JJ Mendiola reported that there were 5 infants Lost to Follow-up (LFU) for Rescreen from January to June 2012. Because the end number is so low, the percentage rates are high at an average of 23% when looking at percentages.
- *Objective at Diagnostic Audiological Evaluation (DAE): To reduce the LFU for DAE by 3 months of age, from 6% to less than 1%.*
 - Ten babies were tested via teleaudiology (2 tested twice), 5 were found with hearing loss (one with possible auditory neuropathy).
 - Mrs. Eclavea noted that many areas of the Pacific region are keeping a watchful eye on Guam's teleaudiology project, as a possible option for their EHDI programs. Guam is a part of the Community of Learners-Teleaudiology, and a conference call occurred in July with Children's Hospital – Colorado, to discuss ways to improve teleaudiology issues and support services to families. Training will be conducted with GEIS to provide improved follow-up services after a DAE has been completed, especially for the families of infants that have just been diagnosed with hearing loss.
 - Mrs. Mantanona requested that an appointment be made after the DAE appointment, to discuss any hearing loss concerns the family may have, after they have had a chance to absorb the new diagnosis of hearing loss and the impact it may have on the family.
 - Dr. Sablan added that 7 out of 10 families surveyed after DAE was conducted acknowledged they were apprehensive about the procedure and the potential for hearing loss of their child.
- *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. Sherry Cruz commented that sometimes families just need to be counseled about refusing Guam Early Intervention System (GEIS) services. Reinforcing that it is not a waste of the Service Provider's time to spend with families that may be questioning whether they should start or continue with GEIS services. Many times after reinforcement and counseling support, families agree to precede with GEIS services.



Guam Early Hearing Detection and Intervention Project

Guam Center for Excellence in

Developmental Disabilities Education, Research, and Service

University of Guam • Unibetsedât Guahan

Office of Academic & Student Affairs

Dean Circle House 24/26 • UOG Station • Mangilao, Guam 96923

(671) 735-2466 (V) • (671) 734-6531 (TTY) • (671) 734-5709 (Fax)

Website: www.guamehdi.com E-mail: nenehearing@guamehdi.com

- Mrs. Mantanona commented that in other states, screening is done by clinics or community partners, and Public Health staff on Guam are trained to perform hearing screening (OAE only). Mrs. Eclavea responded that perhaps a protocol work group of all the Public Health clinics be created to address Public Health's role in hearing rescreening.
 - Mrs. Mantanona recommended an island-wide mass screening be performed to address LFU. It was recommended that Dr. Weare, as well as the different entities from Northern and Southern Public Health Clinics be present.
 - *Objective at High Risk: To reduce the LFU for infants with high-risk factors from an average of 32% to 16% or less.*
 - Mr. JJ Mendiola reported that in this area, from January to June 2012, the average LFU rate for infants returning for 6-month follow-up is 51%. This has been an area that has challenged us in meeting our goal.
 - Dr. Blaz recommended that when children are screened, if there are indications that there might be fluid or wax causing a child not to pass the screening, we lose many families when they are asked to go for medical clearance. We could have an arrangement to have a "one stop" screening clinic setting, where the audiometrist screens the child, and a physician is available on site to provide the medical clearance needed on that same visit. The rescreen after the medical clearance could be completed, and a determination made at that visit if further diagnostic audiological evaluation is needed. This should greatly reduce the LFU at this and all levels of the hearing continuum.
4. **Goal 2:** 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 reviewed the Model for Improvement strategy for reducing LFU at all levels of the hearing continuum. Strategies are evaluated to see if a reduction in the LFU is noted, through the Plan, Do, Study, Act (PDSA) process.
 - Mrs. Mantanona noted that the letter to families about GEIS has been updated to include information about the importance of hearing in children's learning, and parents now have to sign a form declining GEIS services.
 - Mrs. Eclavea commented that the new step of signing the decline of services form is good because there have been several occasions in which parents deny refusing GEIS services when families that are LFU due to refusal of services are contacted and asked if they would like to complete the hearing screening process.
 - Mrs. Mantanona announced that the Release of Information form is only effective for one year, to protect the families' confidentiality.
 - Mrs. Eclavea added that a meeting should be held to discuss this issue further.



Guam Early Hearing Detection and Intervention Project

Guam Center for Excellence in
Developmental Disabilities Education, Research, and Service
University of Guam • *Unibetseddt Guahan*
Office of Academic & Student Affairs
Dean Circle House 24/26 • UOG Station • Mangilao, Guam 96923
(671) 735-2466 (V) • (671) 734-6531 (TTY) • (671) 734-5709 (Fax)
Website: www.guamehdi.com E-mail: nenehearing@guamehdi.com

5. **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.
 - Mrs. Eclavea explained the new grant called the Guam EHDI: Community of Learners (COL). Guam was one of 6 states selected. The purpose of this grant is to advance and sustain cultural and linguistic competence in EHDI programs. The COL team consists of Ruth Leon Guerrero, Trisha Suzuki, Mariles Benavente, and Elaine Eclavea.
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 discussed her progress on the Quality Assurance (QA) Manual and Quality Assurance (QA) Report. The first QA Report indicated the validity/accuracy of Guam ChildLink was at 99%, and reliability was at 90%.
7. **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.
 - Suggestions were requested from members to help meet this goal. It was recommended that an outreach clinic be created with a team that would include a Physician Assistant or MD.
8. Mrs. Eclavea discussed the training from the Boys Town National Research Hospital that was held in April. Training for GEIS and Preschool staff was based on observations at various locations of 2 children with severe to profound hearing loss being served by the GEIS and Preschool Program. A plan was developed with Guam DOE/Hard of Hearing Program. DAE was conducted on sixteen children, ages 0-5, and eight were diagnosed with hearing loss.
9. Mrs. Ritter discussed the training and community outreach activities that occurred during this time period.
10. During open discussion, Dr. Sablan asked Mrs. Mantanona for feedback on the training received from Boys Town. Mrs. Mantanona responded that there was so much to learn, and would like to see more hands-on learning to augment the training received.
11. Dr. Sablan discussed the need to focus on late-onset/progressive hearing loss. Parents need a brochure that talks about this issue. A brochure on teleaudiology for families to read at their leisure is also needed to increase awareness, and to give parents that need to go through that diagnostic process, more information about the teleaudiology and what it can offer to families. Another need is for commercials that can also be played at different clinics to reach families.

The meeting was adjourned at 11:30 a.m.