



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
Dean Circle House 22/23 • 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 EHCI 3rd Quarterly Advisory Meeting August 5, 2014 Outrigger Resort & Spa

Guam EHCI Advisory Members Present:

Ann Marie Cruz, Parent
Avelina "Bing" Opena, GMHA
Ma Victoria Guiao, GMHA
Patricia Mantonona, GDOE, GEIS
Cora Raz, Parent
Dr. LeeAnn Q. Barcinas, USNH-EI Program
Edmund Cruz, PAN
John Eustaquio, Parent
Ruth Sabangan, GMHA
Valerie Meno, GMHA
Joseph "Joe" Mendiola, Parent
Joyce Flores, Parent
Lina Leon Guerrero, Sagua Managu

Guest

Glenda Leon Guerrero, GRMC
Alan Funtanilla, GRMC
Christine Cubelo, USNH Guam
LCDR Patrielle Johnson, USNH Guam

Members Absent:

Bridgette Flores- Logo (Off-Island)
Dr. Robert Leon Guerrero
Paula Ulloa
Margarita Gay
Lt. Seth Garcia
Sherry Cruz
Lt. Seth Garcia
Sherry Cruz
Vicky Ritter
David Zieber
Dr. Ben Numpang
Francine Camacho
Trisha Suzuki (Off-Island)
Ruth Leon Guerrero

Guam EHCI Staff Members Present

Dr. Velma Sablan
Elaine Eclavea
Dr. Margaret Blaz
Margaret Johnson
Joseph J. Mendiola (JJ)
Vicky Ritter
Sean Lizama
Jessica Chaco

Meeting Notes

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

- Dr. Velma Sablan called the meeting to order at 11:20 am.
- Present members identified themselves and their affiliation.

- Motion was made and seconded to approve the minutes from the last meeting. The minutes were approved unanimously.

I. Rikohi: Goals & Objectives – Moving from Goals to AIMS

- Elaine Eclavea: 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.
- Dr. Sablan: Advisory members will increase their knowledge of the following:
- New Guam EHDI grant goals now will be called “Aims” and the Objectives now will be called “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.

1. **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%.*
 - Marivic Guiao and Lina Leon Guerrero reported on Guam Memorial Hospital Authority’s (GMHA) and Sagua Managu Birthing Center’s (SMBC) data from January to May 2014, initial hearing screening data from January to May 2014. The combined total screening rate for GMHA and SMBC is 99%, and a Failed Initial Screening (FIS) rate of 3-5%, *well below the national percentage.*
- *Objective at Outpatient Rescreen: At outpatient rescreen, reduce LFU rates from an average of 13% to 6.5% or less.*
 - Pat Mantanona reported on outpatient rescreen data for the same time period. There was one Lost to Follow-up (LFU) during the month of March. This GEIS referral was terminated due to parents being none-responsive to letters sent out; efforts were made to physically locate them and through phone calls.
 - Lina Leon Guerrero reported SMBC outpatient rescreen data for the same time period. SMBC again had no infants LFU for rescreen for this reporting period but did have transfers to GMH.
 - LCDR Patrielle Johnson from US Naval Hospital Guam shared they were still waiting for written approval. Reports are submitted quarter to quarter and are at 99% screening; LFU is between 10-15% which is high. They were using a GSI-70 which has a higher risk for technical issues and false positives. Prior to moving to the new hospital they were approved to purchase a new machine. They are

confident their rates will go down to less than 10%. Discussion on percentages followed.

- *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 on rescreened data for the same period. Two parents refused services. One refused due to the baby needing surgery and wanted to focus on that. GEIS will follow up on that case. The other parent wasn't interested. GEIS will follow up with them in a month or two.

- *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%.*
 - Pat Mantanona reported 10 infant and toddler cases are receiving hearing services. Out of the 10, 3 have hearing aids; one needs another follow-up prior to determining if the child needs a hearing aid. Another is undergoing major surgery and parent wants wait until after recovery. The remaining 5 may have atresia or one ear has a hearing loss and the other does not.
 - Cora Raz asked at what point would it be considered neglect if the parent continues to refuse services. Discussion followed regarding the current law for neglect and abuse as related to repeated failure to keep appointments. Request was made to invite someone from Child Protective Service or Legal Council to get more information.
 - CEDDERS is working with DPHSS to include hearing information on the electronic health record.

- *Objective at High Risk: To reduce the LFU for infants with high-risk factors from an average of 32% to 16% or less.*
 - Ms. Mantanona reported on LFU with high risk factors from January to May 2014. The audiological department for DOE services birth to 21. There are only three audiologists and effective August 2014, hearing screening at the schools will be done once a month per ASHA new requirement of including high school students. Ms. Mantanona is asking this Advisory group to look at getting the community to provide rescreening services. GDOE has a shortage of specialists and cannot be solely responsible to do all this.
 - The following recommendations were made on strategies were mentioned: "Scared Straight" method with parents; Parent to parent meetings to get support from other parents; and GEIS having an open door policy with monthly follow-up calls and providing parents with more information.

- Dr. Sablan mentioned a prior recommendation: Flag the physicians who have infants who have high risk factors to ensure they return for follow-up appointments.
2. **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.
- Ms. Eclavea shared the Model for Improvement (MFI) process has been implemented and are working close to GEIS. A Core group has been created, will meet every three weeks to review data to see where the LFU and where they were coming from. There were 9 specific strategies that were found to be effective and are currently looking into implementing that. Strategy on calling parents after work has been successful and working on getting them back for rescreening. The next cycle will be focusing around the Plan Do Study Act (PDSA)’s Model for Improvement. The LFU is an issue across the country.
 - Ms. Eclavea shared they will be focusing on working closely with GEIS on what they want to see and how we’re going to support that. Quality improvement is required in this new cycle.

III. Open Discussion

- Dr. Sablan: Changes were made to the inpatient survey of mothers to improve the survey and is being reviewed by the University Institutional Research Board (IRB). We need the IRB’s approval since we’ll be going into the hospital and talking to moms who are patients. Once approved we will be working with our birth site personnel. We will be compiling the information gathered and will present that to the committee. The following questions were added:
 - What topics were discussed during their prenatal visits?
 - How many moms know about GEIS?
 - Did the moms know that hearing screening is available for all newborns?
 - Include a question about what made the parent come for their child’s hearing screening appointment.
- Dr. Sablan: For the next cycle Guam EHDI will be conducting two surveys that will be put into the new grant application:
 - Professional survey (copy in the packet) – everyone that does the hearing screening & is anonymous
 - Early Intervention Service provider Needs Survey – for everyone that provides services at GEIS

- Mrs. Eclavea: Presented welcoming packets were given to the new members.
 - Mrs. Flores: Hearing Loss Association's 5K "Walk for Hearing" outreach activity was proposed.
- Mr. Funtanilla: Recommended to include the hospital admissions personnel on the core MFI team would be beneficial for their perspective on effective strategies.
- GEIS has moved to another office in Tiyan and their phone numbers are working. However, the phones are via internet and if the internet goes down, the phones are down. GEIS is in the building after the Guahan Academy charter school and is the last building on that street.

The meeting was adjourned at 1:15 p.m.