



Guam EHDH 3rd Quarterly Advisory Meeting
 Phase V, Year I
 December 14, 2015 | Westin Resort Guam

Guam EHDH Advisory Members Present:

Claire Alfonso	Brigette Flores-Lobo	Valerie Meno
LeeAnn Barcinas Santos	Ma Victoria Guiao	Avelina "Bing" Opena
Edmund Cruz	Glenda Leon Guerrero	Ruth Sabangan
Joyce Flores	Patricia Mantanona	Lina Leon Guerrero

Members Absent:

Francine Camacho	Margarita Gay	Joseph Mendiola
Ann Marie Cruz	Lt. Seth Garcia	Dr. Ben Numpang
HM2 Katherine Eay	CAPT Rosanne Hartley	Tricia Suzuki
HA James Frisby	LCDR Patrielle Johnson	Paula Ulloa
Alan Funtanilla	Dr. Robert Leon Guerrero	David Zieber

Guam EHDH Staff Members Present

Margaret Blaz, Ph.D., CCC-SLP	Renee Koffend, Au.D., CCC-A	Terry Naputi
Elaine Eclavea	Ruth Leon Guerrero	Jeff Pinaula
Terrie Fejarang	Joseph Mendiola	

Meeting Notes

- I. Call to Order, Welcoming, Introduction of Members
 - A. Ms. Joyce Flores, Co-Chair called the meeting to order at 11:40am. Each member stated their name and the agency they represented for the record. Based on the number of members in attendance, Ms. Flores noted that there was no quorum.
- II. Approval of Advisory Meeting Minutes September 28, 2015
 - A. Ms. Flores asked members to review the meeting minutes.
 - B. Ms. Brigette Flores-Lobo made a motion to approve the minutes. Mr. Edmund Cruz seconded the motion. The motion was passed unanimously.
- III. Progress Update to the Aims and Sub-Aims
 - A. Ms. Flores announced that Mr. Joseph Mendiola would be facilitating the presentation on the progress update for the project.
 - B. Mr. Mendiola shared that the outcome of the advisory is to continue to provide progress update on the Aims and Sub-Aims and members would provide input and recommendations.
 - C. Aims Update
 - 1. *AIM 1: By March 31, 2017, Project Rikohi will reduce the number of infants LTF/D at initial screening to 1% or less. (about 2-3 per month)* Ms. Bing Opena provided the initial screening results for Guam Memorial Hospital for the months of June, July, and August 2015. Ms. Lina Leon Guerrero provided the update for Sagua Managu Birthing Center. For



the three months, the total births for both birthing sites was 789 and 705 were screened. 29 failed initial screens.

- a. *Sub AIM 1: Increase accuracy of family contact information by 10%.* Mr. Mendiola shared during the initial screening there is a two-step screener: a baby that at the initial ... Ms. Terry Naputi shared the Quality Improvement (QI) Team have agreed to do the following: change the Initial Screening Forms to include physical address and screeners will verify the information with families upon discharge from the hospital.
- b. *Sub AIM 2: Decrease the number of refer of OAE by 10%.* Ms. Naputi reported that the QI Team will do an analysis on the referrals based on the screener. This will help to see what training needs are needed for the screeners.

- i. *Discussion*

- Ms. Patricia Mantonana asked how are we verifying the accuracy is at least by 10%.
- Mr. Mendiola shared that the EHD staff will get a copy of the initial screening forms from the hospital and they will verify the information to the data import from the hospital to Guam ChildLink that happens monthly to ensure accuracy of the information. He shared that the data system has a “tick” box to indicate if the information was accurate.
- Ms. Mantonana asked if Guam Early Intervention System (GEIS) has a way to track family information that may be different from what EHD has on Record.
- Mr. Mendiola shared that in the Guam ChildLink there is a section for GEIS to provide information they have on record. He reported that the GEIS data coordinator has access to make the change.
- Ms. Mantonana asked what about the families that have inaccurate information that come from the hospital referrals and the verification of the import.
- Mr. Mendiola answered that right now we do not have a way to verify the information for these families. He shared that he can look into the data system in the GEIS section where GEIS can alert EHD that the information that we have on record is not accurate.
- Ms. Mantonana asked how does GEIS track the families who give birth on Guam and then return to home country regarding address and locating them. For example, the infants born to Korean mothers who travel to Guam to give birth. Mr. Mendiola said to indicate “Stop Contacting. Relocated.” If there no address, we just indicate no address.
- Ms. Vicky Ritter shared that when she was with Guam EHD one of the errors they were faced was the patient address would have wrong villages. Mr. Mendiola shared that he is working



- with Valerie Meno, GMHA Labor & Delivery Nurse and the Data Manager at GMHA with exporting both mailing and physical addresses, which have been updated in the Initial Screening Forms. Ms. Lina Leon Guerrero recommended that GMHA does a printout for the patient at the point of entry to ensure the information inputted is correct.
- Ms. Mantanona asked if it is possible to get the maps that patients have to draw to their homes upon registering at GMHA. Mr. Mendiola said he would check on this with the hospital.
 - Ms. Lina Leon Guerrero asked about the 12-hour hearing screening as a strategy for initial screening which she was under the impression that it was too early to do at 12-hours. Mr. Mendiola shared that the strategy is at least wait 12-hours because some patients want to be discharged earlier than the 12-hours.
2. *AIM 2: By March 31, 2017, Project Rikohi will reduce the number infants LTF/D currently at outpatient rescreen to 4% or less. (about 1-2 per month)*
- a. Ms. Patricia Mantanona reported that during the Outpatient Rescreens for GEIS for June, July, and August 2015. In June, 8 infants needed a rescreen and all 8 infants were rescreened. In July, 10 infants needed a rescreen, but only 8 infants were rescreened. Two infants did not show-up and they are pending a new appointment date. In August, nine infants needed a rescreen, but only 8 infants were rescreened. One infant didn't show-up, but was scheduled on another month. However, the infant wasn't able to screen on the scheduled appointment, so the infant is pending a rescreen.
 - b. Ms. Leon Guerrero reported the Outpatient Rescreens for Sagua Managu for June, July and August 2015. A total of 2 infants (June and July only) needed to be rescreened and both were rescreened respectively.
 - c. *Sub-AIM 1: By April 2016, increase the number of children by 5% who receive the outpatient rescreens by 1 month.*
 - Mr. Mendiola reported data for June, July, August 2015. For June, of the 9 children who came for a rescreen, 8 of them were about 1 month of age. For July, of the 11 children that needed a rescreen, 9 returned for the rescreen, and of the 9, 8 of them were about 1 month of age. For August, 9 needed a rescreen, 8 returned for the rescreened, and all 8 were 1 month of age.
 - d. *Sub-AIM2: By April 2016, increase the accuracy of family contact information by 5%.*
 - Mr. Mendiola shared that this sub-AIM will be measured after we see the PDSA Cycle on accuracy of family contact information for Initial Screening.
3. *AIM 3: By March 31, 2017, Project Rikohi will reduce the number of infants LTF/D for DAE to 8% or less. (about 1 per month)*



- a. Ms. Mantanona reported that two infants have been referred for a DAE. Both infants are pending a DAE. She shared that only one infant is part of the program. Ms. Mantanona shared she is unsure of the other infant. But she confirmed that the infant in the GEIS program is scheduled for DAE in January 2016.
- b. Mr. Mendiola shared that the second infant was referred for a DAE at Sagua Managu. The Guam EHDH Project will verify with Sagua Managu to see if a referral form GEIS was generated from their side.
4. *AIM 5: By March 31, 2017, Project Rikohi will ensure Individualized Family Service Plan (IFSP) are in place by six months of age all infant's identified with hearing loss.*
 - a. Mr. Mendiola reported that there were no infants identified with a hearing loss for the last three months.
 - b. He reported the Quality Improvement Team still met to review the Sub AIMS.
 - c. *Sub-AIM 1: By December 2015, increase by 100% the monitoring services provided by GEIS to all infants pending a DAE.* Conducted two PDSA cycles. He shared that the team agreed to have monitoring services for the infants who are pending a DAE to ensure families are lost or refuse services. Provide them a toolkit, not geared to hearing loss; but general early childhood development. However, the toolkit includes a brochure on Successful Tips to Prepare for an ABR. A section on a ChildLink has been added to indicate if a family received a toolkit.
 - d. *Sub-AIM 2: By October 30, 2015, complete DAEs for 80% of all infants needing a DAE that were born from November 2014 – April 2015.* Two DAE clinics have been scheduled per month. From November 2014 through April 2015, eight infants needed a DAE. Of the 8 infants, six returned for a DAE. One of the families refused services and the other is schedule for a DAE for the upcoming DAE clinic.
5. *AIM 4: By March 31, 2017, Project Rikohi will reduce the number of infants LTF/D at the high-risk rescreen level 10% or less. (about 1-2 per month)*
 - a. Ms. Mantanona reported for seven infants were on the high-risk rescreen for June. Five infants came for the rescreen, but one infant was a no show and new screening date is to be scheduled. She reported the other infant did not have a referral to GEIS. For July, seven infants needed a rescreen and five came for their appointments. One infant was rescreened in May and the other infant was terminated. In August, 18 infants were on the high-risk rescreen and eleven of them returned for the screening. Five are pending rescreening. Three of the five infants who were a no-show are from the same family. GEIS is working with the family because they are faced with transportation issues. One of the infants didn't have a high-risk referral to GEIS and the other was terminated for no response.
 - b. Mr. Mendiola reported that Guam EHDH tracked the three infants that had no referrals for the high-risk rescreen. He shared that the referrals have been generated and sent to GEIS last week.
 - c. *Sub-AIM 1: By April 2016, reduce number of no shows for high-risk rescreening appointment by 5%.* Mr. Jeffrey Pinaula reported Quality Improvement Team just met right before the advisory and the strategy still needs refining. He shared the strategy was to "double book" high-risk rescreening appointments. Ms. Mantanona shared that the current GEIS process is contact family by phone. If they can't contact by phone, they go out and physically locate them. If



unsuccessful, they do a letter, which includes an appointment date. Only in this situation with three attempts to locate a family would the “double book” strategy take place.

- d. Mr. Mendiola reported the average age at high-risk rescreens for June – August is 5-6 months.

IV. Other Discussion

- A. Training, screenings and outreach activities were reported for the months of September through December.
- B. Ms. Terrie Fejarang shared the media development that has been published through Guam CEDDERS. She announced that the 2016 Neni Directory is in the process of being verified and sent to the printers for publication.
 - 1. Ms. Fejarang asked members to look at the 2015 EHDH Progress Report that was provided to all members in their packets. She shared that EHDH is in the process of designing and publishing the 2016 report. She wanted to get any suggestions or input for the 2016 report. A survey was provided to all members to complete regarding their input to the 2016 report.
- C. Ms. Fejarang reported that she and Mr. Mendiola had a meeting with the Guam Regional Medical City (GRMC). Mr. Mendiola reported that they worked on the protocol between GRMC and Guam EHDH. They also discussed how the referral to GEIS would take place. He shared that they have another meeting scheduled with the hospital’s IT folks to determine how data will be transmitted to Guam EHDH ChildLink.
- D. Mr. Edmund Cruz said the 2015 EHDH Progress Report is very nice.
- E. Ms. Margaret Blaz asked who are the recipients of the progress report. She asked if it were for doctor’s clinics and families. Ms. Fejarang said it is primarily for policymakers, advisory council members, and reporting folks in the mainland.
- F. The next Guam EHDH Advisory Meeting is scheduled for Wednesday, March 9, 2015.

IV. Adjournment

- A. Ms. Lina Leon Guerrero made a motion to adjourn the meeting. Mr. Edmund Cruz seconded the motion. There was no discussion. The motion was carried.