



Guam EHD 1st Quarterly Advisory Meeting
 Phase V, Year 5
 June 8, 2016 | Westin Resort Guam

Guam EHD Advisory Members Present:

Joyce Flores	LeeAnn QB Santos, Ph. D., CCC-SLP	Brittany Rosario
Bridgette Flores-Lobo	Ma Victoria Guiao	Camille Glory
Margaret Bell (Representing Margarita Gay, RN)	Glenda Leon Guerrero	Pat Mantanona
Ruth Sabangan	Sheena Dela Cruz	Brittney Babauta

Members Absent:

Francine Camacho	Lina Leon Guerrero	Paula Ulloa
Edmund Cruz	Joseph Mendiola -- Off Island	David Zieber
Sherry Cruz	Valerie Meno, RNC	
Alan Funtanilla	Ben Numpang, MD	
Margarita Gay – Off Island		
Robert Leon Guerrero, MD		

Guam EHD Staff Members Present

Margaret Blaz, Ph.D., CCC-SLP	Terry Naputi
Dawn Guerrero	Ruth Leon Guerrero
Terrie Fejarang	Heidi San Nicolas, PhD

Meeting Notes

- I. Call to Order, Welcoming, Introduction of Members
 1. Ms. Joyce Flores, Co-Chair called the meeting to order at 11:45 am. Each member stated their name and the agency they represented for the record. Based on the number of members present, Ms. Flores noted that there was a quorum at the beginning of the meeting.

- II. Approval of Advisory Meeting Minutes March 9, 2016
 1. Ms. Flores asked members to review the meeting minutes.
 2. Ms. Camille Glory made a motion to approve the minutes and seconded. The minutes were unanimously approved.
 3. Ms. Flores then turned over the meeting to Ms. Terrie Fejarang to facilitate the meeting.

- III. Progress Update to the Aims and Sub-Aims
 1. Ms. Fejarang thanked the members for attending and welcomed them to provide input and recommendations. She also noted that she will be reporting for Mr. JJ Mendiola who is currently off-island attending a conference.

 2. 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).* Each birth site representative (GHMHA, SMBC, and GRMC) presented their data on initial screens. SMBC's representative was not present, Ms. Fejarang provided that data. Data can be found in the GEHDI Presentation provided to all members at the meeting. Ms. Fejarang noted that the drop in GHMHA's February numbers was a result of a new system being installed. Once things settled, the numbers came back up. She also noted that we are meeting the bench marks.
 - a. *Sub AIM 1: Increase accuracy of family contact information by 10%.*
 - b. *Sub AIM 2: Decrease the number of refer of OAE by 10%.*

Ms. Fejarang reported that we will continue to work on the Sub AIMS. Mr. Mendiola is still in the process of collecting trend data. Ms. Fejarang informed the members of a slight change in procedure for data collection at GMH. The new procedure relies on information collected and entered in the MIS system as opposed to manually checking the log book.
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).* Ms. Patricia Mantanona reported on the data for Outpatient Rescreen for GMHA and GRMC who refer to Guam Early Intervention System for rescreens. Data can be found in the GEHDI Presentation provided to all members at the meeting. Ms. Mantanona shared that GEIS is backed up on their screening due to missed appointments. Ms. Fejarang reported for the Outpatient Rescreen for SMBC. Data can be found in the GEHDI Presentation provided to all members at the meeting.
 - a. *Sub-AIM 1: By April 2016, increase the number of children by 5% who receive the outpatient rescreens by 1 month.*
 - b. *Sub-AIM2: By April 2016, increase the accuracy of family contact information by 5%.* Ms. Fejarang reported that this information will be reported at the next meeting still waiting for trend data. Ms. Fejarang reported slots were created for appointments for GRMC this past quarter.
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).* Ms. Mantanona reported the data on the total infants referred for a DAE. Data can be found in the GEHDI Presentation provided to all members at the meeting.

She also reported Audiological Associates screens only children ages 3 years & up. DAE's are completed by Renee Koffend, AuD., CCC-A (children 8 mos. & younger) pro bono. There is no one evaluating children 9 months to 2 years. She reported that there are about 10 children pending DAE's for the January - June time frame.

 - a. *Discussion*
 - i. Ms. Mantanona provided an update on the RFP for audiological services. An RFP was sent out to include CNMI, however there

was no response from vendors. A smaller P. O. was sent out, but currently there is no one in the private sector that is able to provide services for infant & toddlers 3 years and younger. GEIS is waiting for a reply from an on-island audiologist who may be interested in providing services as stated on the smaller P. O. No response was been received to date. The department only needs a part-time audiologist based on the numbers of children needing services.

- ii. Dr. San Nicolas pointed out that the audiologist in Saipan was selected by NCHAM to represent the region and may not have responded due to extra responsibilities added on to her current load.

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.* Ms. Mantanona reported no children received an IFSP for this quarter.

- a. *Sub-AIM 1: By December 2015, increase by 100% the monitoring services provided by GEIS to all infants pending a DAE.*
- b. *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.* Ms. Fejarang noted that they were still working on getting more information & the QI team will be addressing these Sub-AIMs

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)* Ms. Mantanona reported the data on High Risk Rescreen for January to March 2016. Data can be found in the GEHDI Presentation provided to all members at the meeting. Ms. Mantanona made a correction on the following data. For January there is only one pending a rescreen, two did not respond and one was given a rescreen appointment for July. For February Ms. Mantanona indicated to Mr. Mendiola earlier that GEIS did not receive this referral. Mr. Mendiola will submit the referral to GEIS. In March of the two pending one showed and could not test. Child needs to be rescreened again.

- a. *Sub-AIM 1: By April 2016, reduce number of no shows for high-risk rescreening appointment by 5%.* Ms. Fejarang noted new fields were added to track this data and are currently waiting for trend data and will report out on the next quarterly meeting. Ms. Fejarang reported that five infants initially lost were located and rescreened. Ms. Fejarang thanked the birthing sites for their hard work in screening infants and facilitating the reporting of the data.

IV. Other Discussion

A. Training Activities

1. Ms. Fejarang reported that several training activities occurred at GMH and SM. Guam ChildLink – EHDI training occurred at GRMC with Mr. Mendiola and MIS personnel to

review how to access information on the Child-Link system. Several outreach activities were also conducted on 3/19: GSAT Fair and 5/7: BETTER Speech & Hearing Fair.

2. Ms. Fejarang reported that we are currently involved in the monthly GEIS Hearing Screening Clinic at Chief Brodie Elementary School.

B. Media Development

1. Members were shown the draft Guam EHDl Progress Report 2015 based on the feedback given by the Advisory Council from the last two meetings.
2. Ms. Fejarang noted that the *I Tellai* Newsletter summarized the GHEDI activities for the quarter which included a team of four Guam representatives attending Annual EHDl Conference in San Diego. The attendees included JJ Mendiola, Data Coordinator, Dr. Heidi San Nicolas, and the Principal Investigator of the GEDHi Project, Terrie Fejarang and Ma. Victoria Guiao, RN, hospital representative.
3. Dr. San Nicolas gave a brief history of how the initial hearing screening began on Guam with the assistance of Carl White, the Director of National Technical Assistance Center for Early Hearing Screening who is pictured on the *I Tellai* Newsletter. He lent equipment to GMH to make possible hearing screening provided by the volunteer services of Dr. Koffend and the GMH team.
4. Ms. Fejarang also shared her meeting with Connie Stevens whose organization reached out to EHDl to use one of the clips posted on the EHDl website.
5. Ms. Fejarang pointed out that the EHDl evaluation work group, headed by Ms. Elaine Eclavea, continues to meet to discuss the necessary framework to meet the goals of the original grant application.
6. Other events included location of a family previously lost to follow up.
7. Ms. Fejarang noted that Mr. Quansheng Song is the consultant that was contracted to help develop the data system, Child-Link and has visited the island annually over the last 10 years to assist in tweaking the system which manages all the information that tracks our children.
8. Ms. Fejarang also noted that Dr. Leon Guerrero was instrumental in arranging for Dr. Koffend to conduct a brief presentation of the importance of early hearing screening for pediatricians.
9. GEHDl also participated in the Better Speech and Hearing month outreach activity in May.

C. Other Discussion

1. Ms. Blaz noted that Dr. Angie Mister is the Audiologist of the Commonwealth of the Northern Marianas Island.

2. Ms. Ma. Victoria Guiao relayed how thankful she was to Guam EHDI Advisory for the opportunity to attend the 15th Annual EHDI Conference in California. She spoke of how individuals with speech and hearing impairment who struggled early in their life were able to succeed in their career when provided with early intervention. She also shared her excitement of attending numerous sessions related to family interventions, medical and functional interventions related to hearing loss. She provided a summary of her conference experience for the group.
3. Ms. Fejarang shared that Cytomegalovirus (CMV) is one of the key topics discussed at the conference. CMV is one of the leading cause of hearing loss in infants without the genetic predisposition for hearing loss. There are some states that already have passed legislation for universal screening for CMV. Dr. San Nicolas noted that CMV is preventable, and early screening allows for proper medication to treat CMV.
4. A person asked, what are the plans for the children since there is no audiologist available to evaluate them?
 - a. Ms. Mantanona shared that an RFP was sent, inclusive of doctors' off-island. The problem was they wanted a fulltime position vs. a part-time position. Part C is not able to provide a full-time audiologist, maybe the community can look at ways to bring an audiologist for all of Guam not just Part C. Tele-medicine was brought up. Ms. Mantanona stated that was an option, however they would only test infants 6 months and younger and staff on island would have to manage the testing.
5. Questions: How many kids need a DAE? Can we send them off to St. Luke's? Can we tap into their insurance?
 - a. Ms. Mantanona noted that parents have a right to an independent evaluation and this discussion needs to be made by management and GEHDI. Ms. Mantanona suggested a cost sharing option with government agencies. A motion was made that the EHDI Council write a letter to the powers that be in regards to our concerns and issues and if cost sharing between two agencies is a possibility (location, equipment, personnel, support, data). Motion seconded and passed. Dr. San Nicolas noted letters should also come from the ELC, ICC and Parents. She also made clear that the EDHI grant cannot hire an audiologist to do the DAEs when the community is obligated to provide the service. A suggestion was made is to ask audiologist at NRMC if they would be interested in moonlighting for GDOE.
6. Ms. Fejarang announced that the next GEHDI Advisory Meeting will be on September 7, 2016 the venue to be announced at a later time.

IV. Adjournment

- A. Ms. Flores asked for a motion to adjourn the meeting. The motion to adjourn was made by Ms. Bing Opena, RN, and seconded by Margaret Blaz, Ph.D. The meeting adjourned at 1:09 pm.