



Guam Early Hearing Detection and Intervention Project  
 Guam Center for Excellence in  
 Developmental Disabilities Education, Research, and Service  
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Guam EHD 3<sup>rd</sup> Quarterly Advisory Meeting  
 Phase V, Year 4  
 March 9, 2016 | Westin Resort Guam

**Guam EHD Advisory Members Present:**

Clarence Alfonso	Brigitte Flores-Lobo	Robert Leon Guerrero, MD
LeeAnn Barcinas Santos	Ma Victoria Guiao	Camille Glory
Lina Leon Guerrero	Glenda Leon Guerrero	Ruth Sabangan
Joyce Flores	Sherry Cruz	Pat Mantanona
Tricia Suzuki		

**Members Absent:**

Francine Camacho	Valerie Meno, RNC – Off Island
Edmund Cruz	Dr. Ben Numpang
Alan Funtanilla	Joseph Mendiola
Lt. Seth Garcia	Paula Ulloa
LCDR Patrielle Johnson	David Zieber
Margarita Gay – Off Island	Avelina “Bing” Opena, RN – Off Island

**Guam EHD Staff Members Present**

Margaret Blaz, Ph.D., CCC-SLP	Renee Koffend, Au.D., CCC-A	Terry Naputi
Dawn Guerrero	Ruth Leon Guerrero	Heidi San Nicolas, PhD
Terrie Fejarang	Joseph Mendiola	

**Meeting Notes**

- I. Call to Order, Welcoming, Introduction of Members
  1. Ms. Joyce Flores, Co-Chair called the meeting to order at 11:55 am. 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 at the beginning of the meeting. However, a quorum was established later upon the arrival of the thirteenth member.
  
- II. Approval of Advisory Meeting Minutes September 28, 2015
  1. Ms. Flores asked members to review the meeting minutes.
  2. Ms. Ma Victoria Guiao made a motion to approve the minutes. Ms. Lina Leon Guerrero seconded the motion. The motion was passed unanimously.
  
- III. Progress Update to the Aims and Sub-Aims
  1. Ms. Flores announced that Mr. Joseph Mendiola would be facilitating the presentation on the progress update for the project.
  2. Mr. Mendiola shared that he would be facilitating the discussion on progress updates on the Aims and Sub-Aims. Members are welcome to provide input and recommendations.
  3. 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. Data can be found in the GEHDI Presentation provided to all members at the meeting.

- a. *Sub AIM 1: Increase accuracy of family contact information by 10%.* Mr. Mendiola shared that with this Sub-Aim the hearing screeners at GMHA will work directly with the patient to get physical address and other contact information from them. This is cross checked with the data that is transmitted electronically from GMHA to GEHDI.
  - b. *Sub AIM 2: Decrease the number of refer of OAE by 10%.* Mr. Mendiola shared the data on the number of infants referred by OAE and AABR Screener. Mr. Mendiola highlighted for the month of December that there was a decrease in number of refers for OAE screens at GMHA. He shared that in the month of December there was a refresher course for the use of the screening tools with Renee Koffend, AuD.
    - i. *Discussion*
      - Dr. Koffend shared that she was really impressed with the screeners. She shared that they were easy to work with and facilitated the hearing screening process very well.
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 data would need to be updated as she wasn't able to review the data before today's meeting. Ms. Lina Leon Guerrero 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.* Mr. Mendiola reported the data on the number of rescreens conducted by 1 month. He shared that GEHDI continues to work to ensure infants return for a rescreen by 1 month. He further reported that children who are normally screened older than 1 month are normally the ones who are Lost to Follow-up and would be screened at a later age.
    - b. *Sub-AIM2: By April 2016, increase the accuracy of family contact information by 5%. Mr. Mendiola shared*
  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.
    - a. *Discussion*
      - i. Ms. Mantanona shared that GEIS is still working on their RFP for audiological services. It is currently on the legal side for review and they hope it would be announced in April.
  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 that one child was identified with a hearing loss and received IFSP prior to 6 months of age.
    - a. *Sub-AIM 1: By December 2015, increase by 100% the monitoring services provided by GEIS to all infants pending a DAE.* Mr. Mendiola shared that Ms.



Mantanona reported that there were some children who are still pending a DAE because of contractual issues. Because children are pending a DAE, one of the strategies to the team determined was providing a Toolkit for families that would include information of child development and hearing this would provide that contact between GEIS and families.

- 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.* Mr. Mendiola reported that the time frame was based on the time Quality Improvement Team’s sub-aim. He shared 10 children were pending a DAE. Of the ten, nine returned for a DAE. The child who didn’t return for a DAE was because the family refused services. Mr. Mendiola shared that the nine babies were able to receive a DAE because Dr. Koffend provided her services pro bono.
5. Mr. Mendiola reported on *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 October – December 2015. 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 October, three are pending a rescreen who are scheduled for the coming months. She requested that she look into the fourth child because she does not have that on her side. For November, she reported that there are no pending rescreens. The child pending was rescreened and passed. For December, the pending rescreen is for a child who is off-island for other medical services. Mr. Mendiola shared that this is the area that we continue to improve and get better.
- a. *Sub-AIM 1: By April 2016, reduce number of no shows for high-risk rescreening appointment by 5%.* Ms. Terry Naputi reported the High Rescreen data for October through December and shared the average age of the rescreen was 5-6 months. Mr. Mendiola shared that the data will be updated based on the numbers Ms. Mantanona provided earlier.

#### IV. Other Discussion

##### A. Training Activities

1. Dr. Margaret Blaz reported that EHDH continues to provide presentation during the Prenatal Classes at Guam Memorial Hospital and DPHSS. Dates and number of participants could be found in the EHDH presentation provided to all members.
2. Ms. Naputi reported that EHDH continues to participate in community outreach fairs and conferences. She provided a list of outreach for December – March.
3. Ms. Naputi also reported that EHDH continues to provide support at the DOE GEIS Hearing Screening Clinics. Dates and number of babies who were screened could be found in the EHDH presentation provided to all members.

##### B. Media Development

1. Members were shown the :30 second advertisement for EHDH that is currently being aired on television and movie theaters.
2. “Pass & Refer” Cards: Ms. Terrie Fejarang presented members with the cards for input and feedback. Dr. Robert Leon Guerrero shared that we need to look at the language used on the cards. Ms. Mantanona asked about the high risk factors for hearing and are they addressed. Mr. Mendiola shared that GEHDI could look into conducting a training on the risk factors for the hearing screeners at the birth sites. Dr. Margaret Blaz asked if we could look into another word



for “pass” or she recommends removing the word “Pass” and give all mothers upon exit the “Pass Card” as an informational card.

3. Dr. Leon Guerrero asked if there was a way for him or doctors to know who the babies are that are being “refer.” Mr. Mendiola shared that it could be possible and that he could grant Dr. Leon Guerrero access to ChildLink.
4. “EHD Progress Report”: Members asked who would receive the progress report. One member shared that what we do for parents is good for policy makers. Each member provided input on slips regarding this product.
5. Ms. Fejarang closed the discussion and asked all members if they have any other input or recommendation to email her.

C. Other Discussion

1. Ms. Mantanona asked if DPHSS Community Health Centers would be doing hearing screenings at their sites. Ms. Fejarang shared that EHD is looking into this process and Dr. Leon Guerrero is facilitating the work at the community health centers and with the doctors. Ms. Mantanona shared that many babies are seen at these centers.
2. Dr. Koffend shared that the most affordable hearing aids would be the basic ones that cost about \$1500. Ms. Mantanona shared that the RFP for GEIS should be out soon and in the meantime “loaner hearing aids” could be given to the child while in the program. Ms. Mantanona informed that Medicaid covers the cost of hearing aids, however, Dr. Koffend reported it is her experience that they do not. Ms. Mantanona confirmed that children in the Part B program can only use hearing aids in the classroom and will not be able to take them home.

IV. Adjournment

- A. Ms. Mantanona made a motion to adjourn the meeting. The motion was seconded by \_\_\_\_\_. There was no discussion. The motion was carried.