



Guam Early Hearing Detection and Intervention

Project Riko'hi:

*Reducing Loss to Follow-Up after
Failure to Pass Newborn Hearing
Screening and at All Levels of the
Hearing Continuum*





Welcome and
Thank You for Coming

Agenda



- Sign In & Welcoming
- Call Meeting to Order
- Introduction of Members
- Approval of Minutes
- Progress update to the Aims and Sub-aims
- Open Discussion
- Announcements and Next Meeting

Outcomes



After this meeting, Advisory members will provide input and recommendations to the following:

- **Progress updates** to the Aims and Sub-Aims;
- Provide **feedback and recommendations**

AIM 1



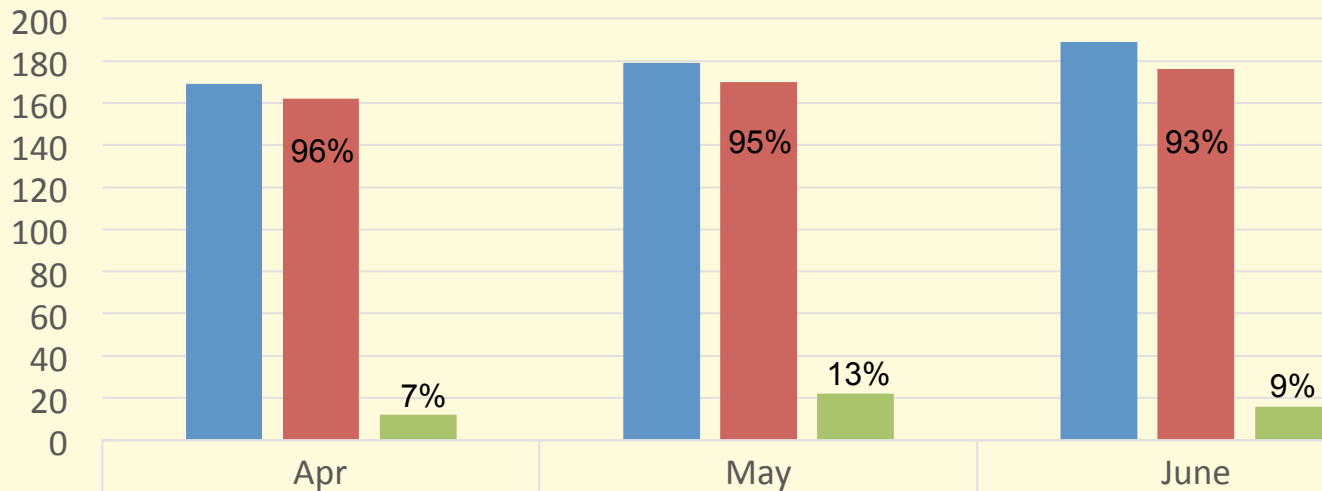
By March 31, 2017, Project Rikohi with participating birth site screeners will utilize specifically targeted and measurable interventions that are culturally and linguistically competent such as quality improvement methodologies in reducing the number of infants LTF/D who have not passed a newborn hearing screening examination prior to discharge from a birthing site to 1% or less

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)

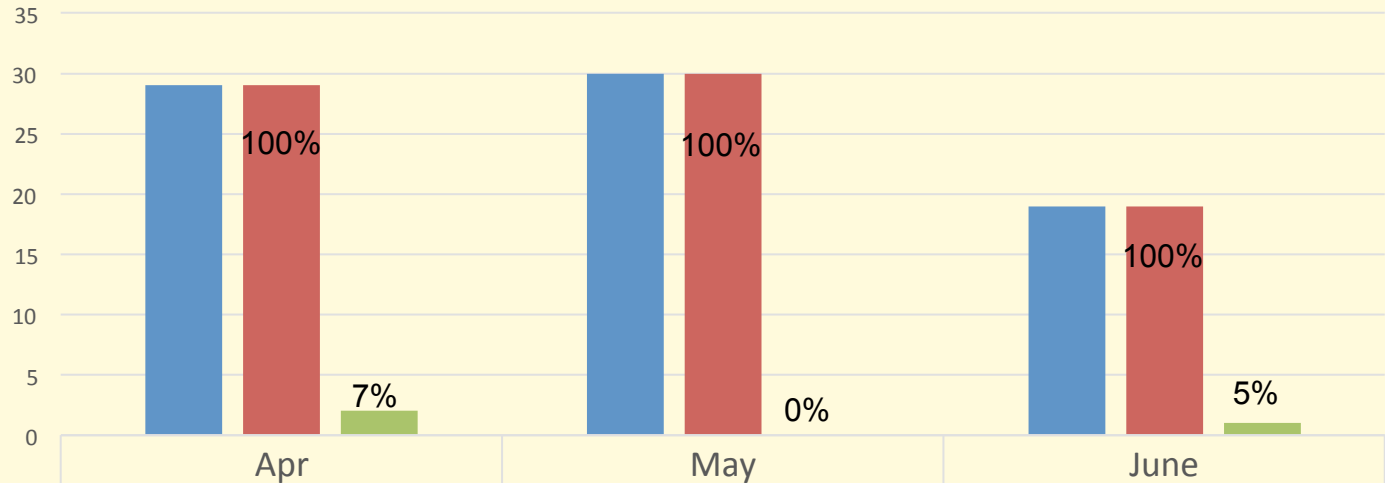
GMHA Initial Screening Results



- Total Births
- Total Screened
- Total FIS

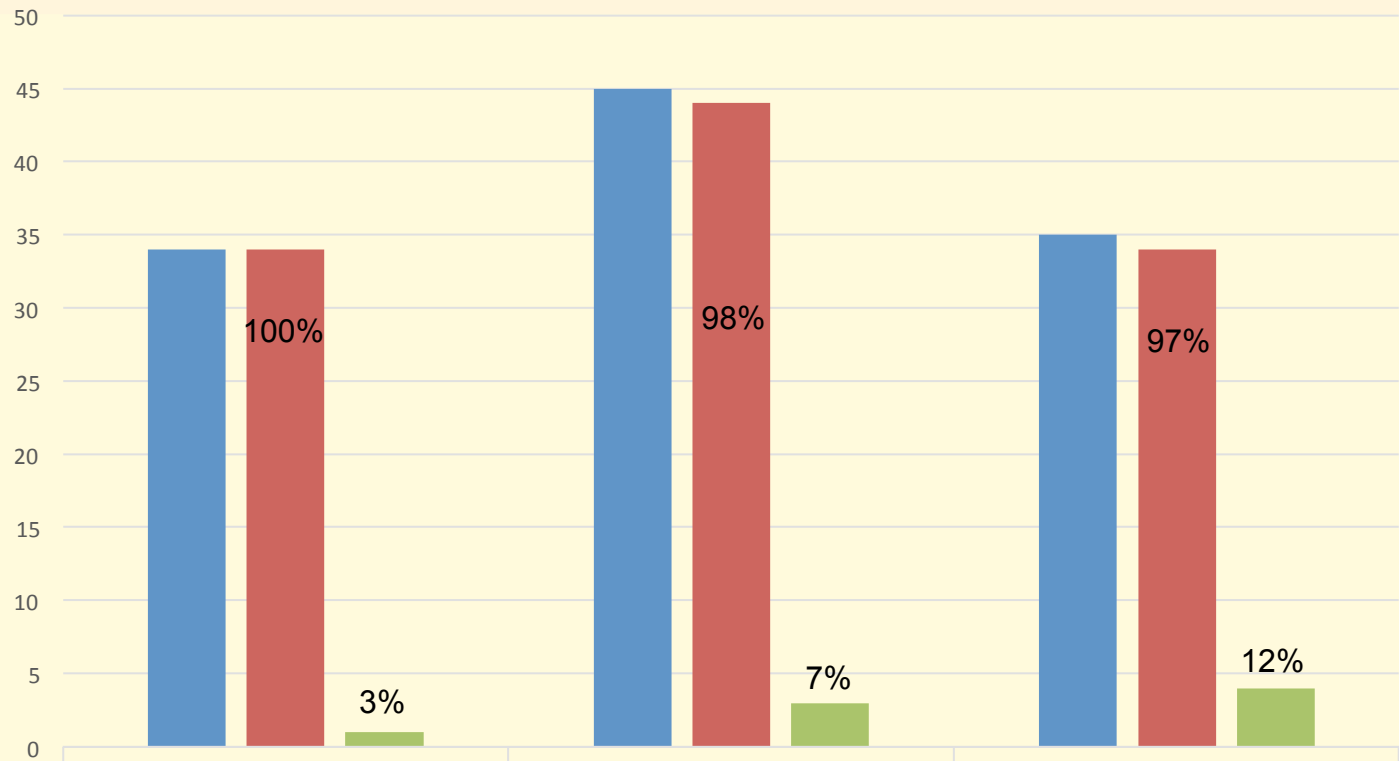
	Apr	May	June
Total Births	169	179	189
Total Screened	162	170	176
Total FIS	12	22	16

SMBC Initial Screening Results



■ Total Births	29	30	19
■ Total Screened	29	30	19
■ Total FIS	2	0	1

GRMC Initial Screening Results



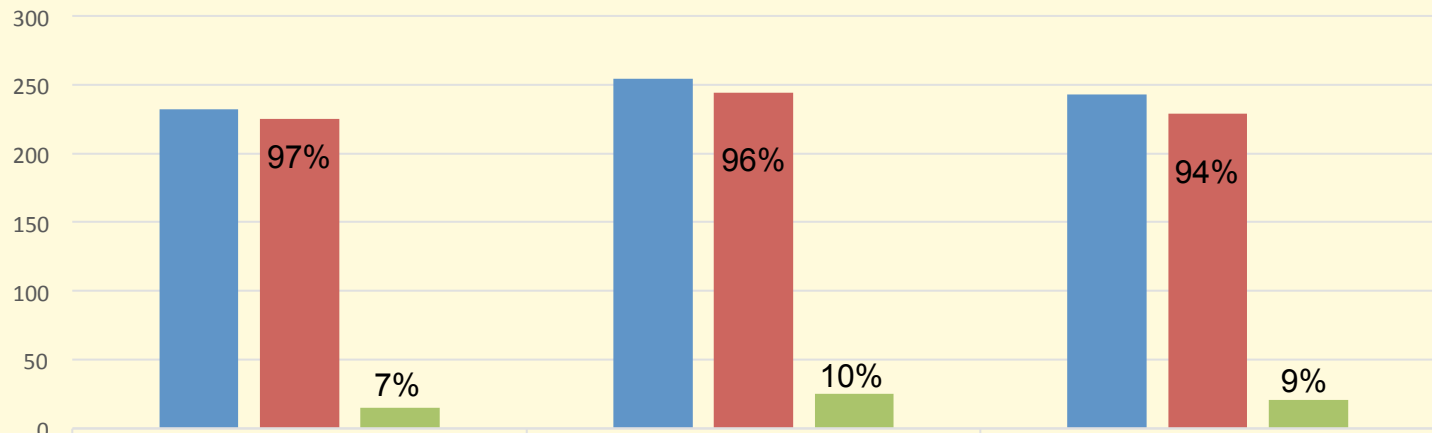
■ Total Births
■ Total Screened
■ Total FIS

	Apr	May	June
Total Births	34	45	35
Total Screened	34	44	34
Total FIS	1	3	4

Initial Screening Totals



Screening Totals for all Sites



	Apr	May	June
Total Births	232	254	243
Total Screened	225	244	229
Total FIS	15	25	21

Sub AIMs



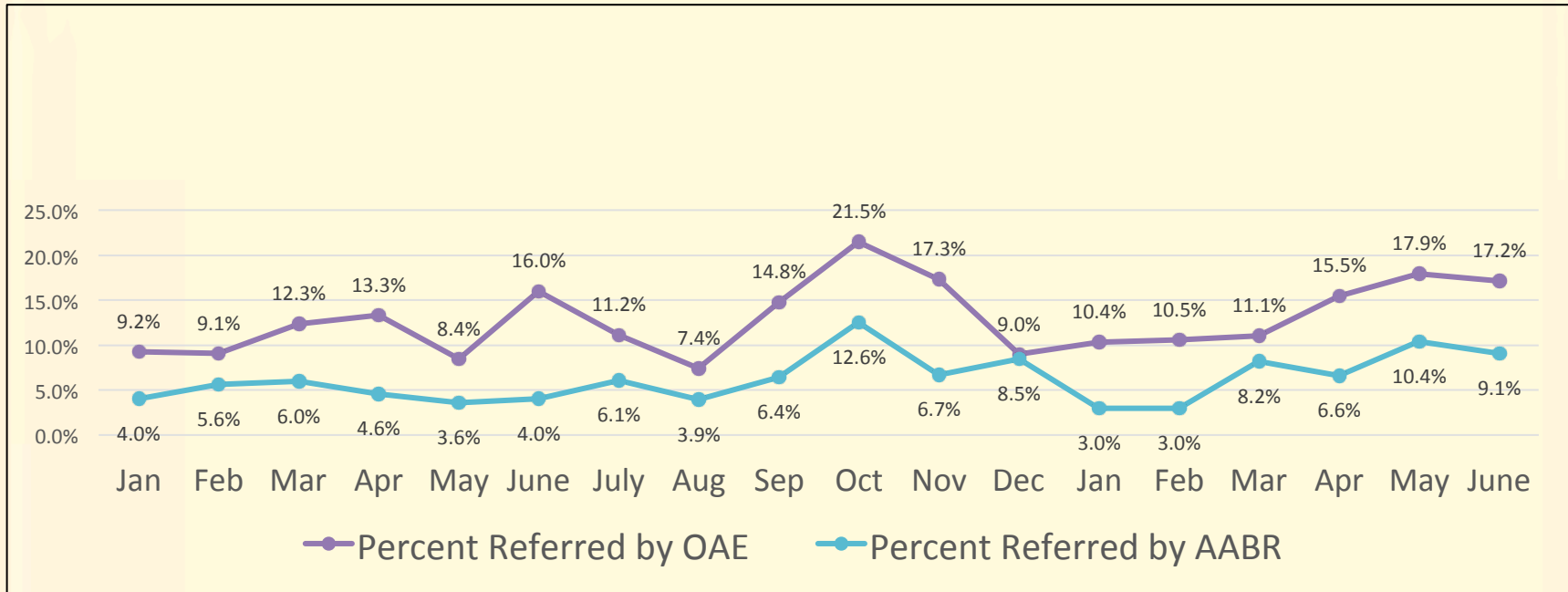
1. Increase accuracy of family contact information by 10%.
2. Decrease the number of refer of OAE by 10%.

Initial Screen QI Team Updates:



- Continue to log in validity of demographic information from electronic transmission into Guam ChildLink - EHDI.

Percent Referred by OAE and AABR Screener (Jan 2015 - June 2016)



AIM 2



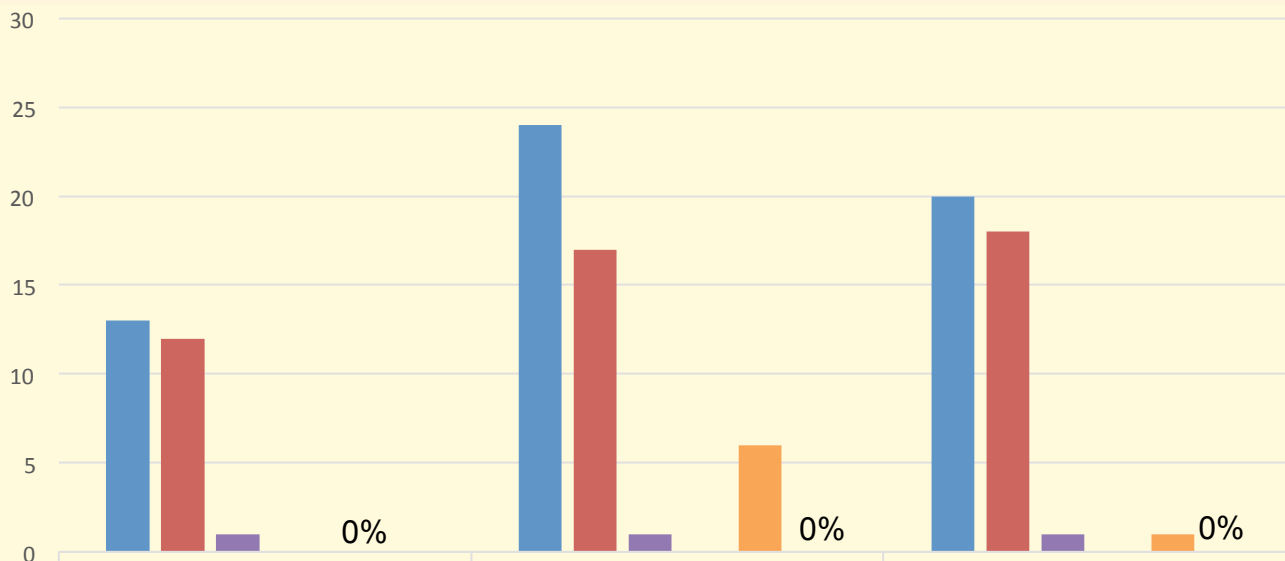
By March 31, 2017, Project Rikohi with participating birth site screeners and early intervention staff will utilize specifically targeted and measurable interventions that are culturally and linguistically competent such as quality improvement methodologies in reducing the number of infants LTF/D currently at 6% who did not pass the outpatient hearing screening by one month of age to 4% or less.

AIM 2



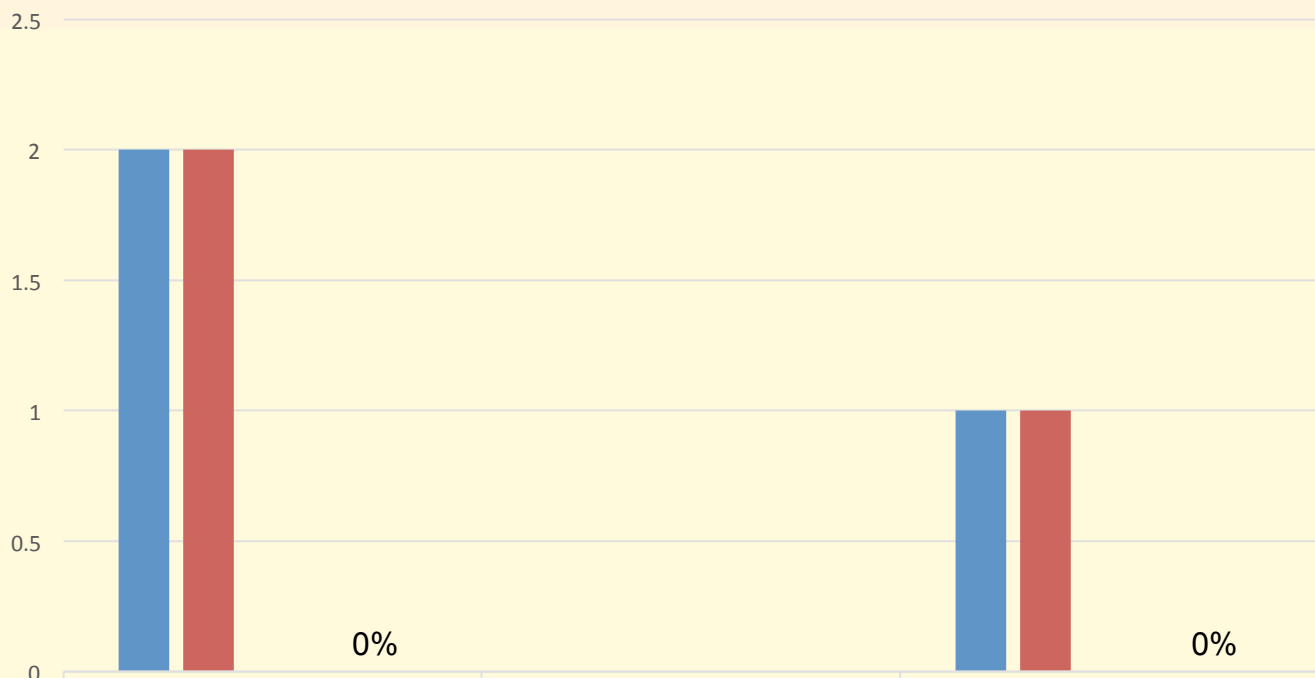
By March 31, 2017, Project Rikohi will reduce the number of infants LTF/D currently at outpatient rescreen to 4% or less. (about 1-2 per month)

Outpatient Rescreen Totals (Infants referred from GMH and GRMC and screened by GEIS)



	Apr	May	June
Total Needing Rescreen	13	24	20
Total Rescreened	12	17	18
Total Relocating	1	1	1
Total Refuse Services	0	0	0
Total Pending	0	6	1
Total Lost to Follow Up	0	0	0

Outpatient Rescreen Totals (SMBC)



	Apr	May	Jun
Total Needing Rescreen	2	0	1
Total Rescreened	2		1
Total Relocating	0		0
Total Refuse Services	0		0
Total Lost to Follow Up	0		0

Sub AIMs



1. By April 2016, increase the number of children by 5% who receive the outpatient rescreens by 1 month.
2. By April 2016, increase the accuracy of family contact information by 5%

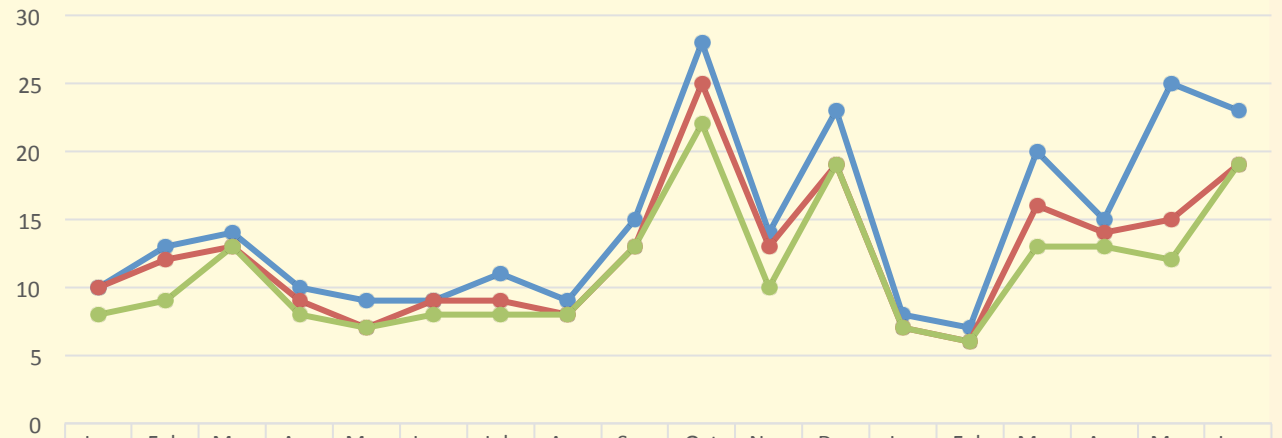


Outpatient Rescreen QI Team Updates



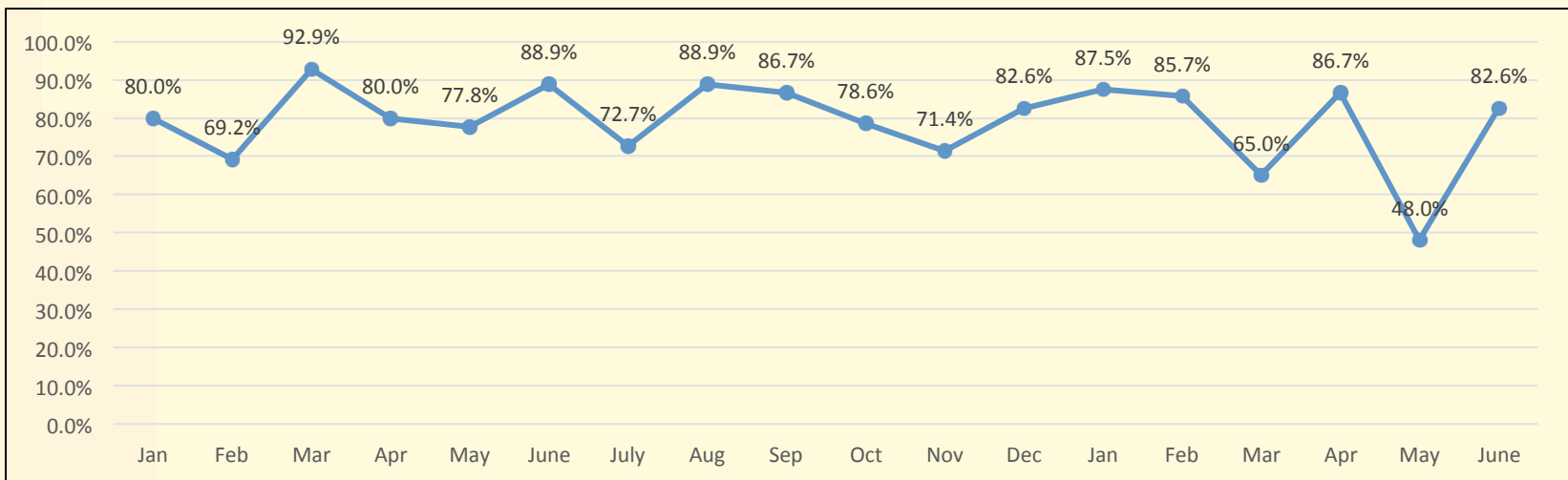
- Created appointment slots for GRMC
- Additional Hearing Screening Clinics at Guam CEDDERS

Total Rescreened by 1 Month of Age



	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
—●— Total Needing Outpatient Rescreen	10	13	14	10	9	9	11	9	15	28	14	23	8	7	20	15	25	23
—●— Total Rescreened	10	12	13	9	7	9	9	8	13	25	13	19	7	6	16	14	15	19
—●— Total Rescreened by 1 Month of Age	8	9	13	8	7	8	8	8	13	22	10	19	7	6	13	13	12	19

Percent Rescreened by 1 Month of Age



AIM 3



By March 31, 2017, Project Rikohi with early intervention staff will continue to utilize specifically targeted and measurable interventions that are culturally and linguistically competent such as quality improvement methodologies in reducing the number of infants LTF/D for diagnostic audiological evaluation by 3 months of age from the aggregate 16% from 2011 to 2014 to 8% or less

AIM 3

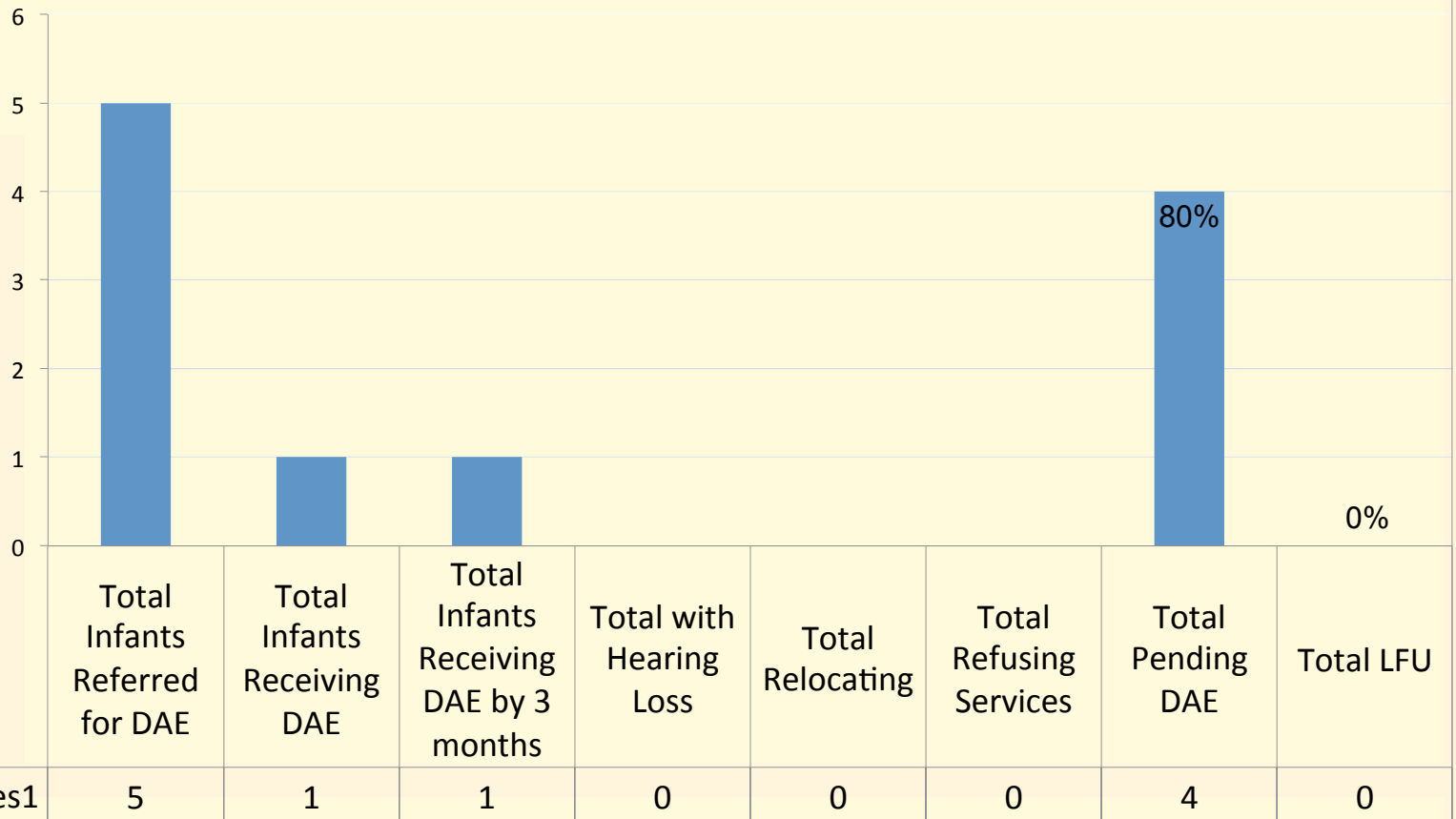


By March 31, 2017, Project Rikohi will reduce the number of infants LTF/D for DAE to 8% or less. (about 1 per month)

Total Infants Referred for DAE (April– June 2016)



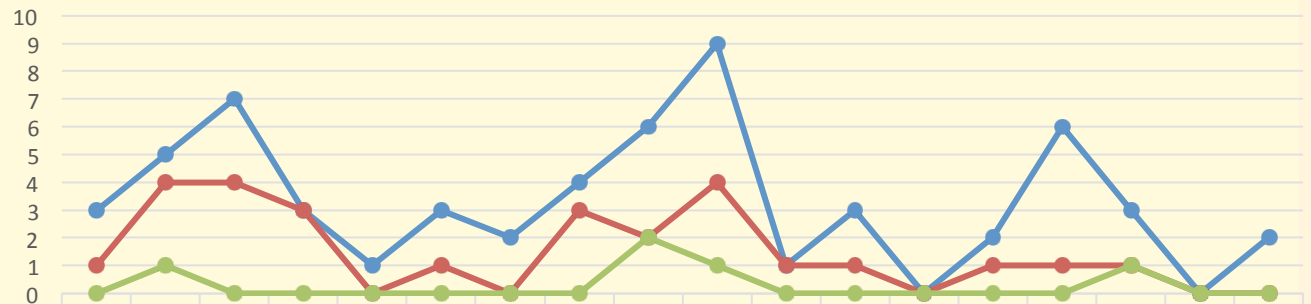
Total Infants Referred for DAE (Apr-Jun 2016)



Total Infants Receiving a DAE by 3 Months of Age



Total Infants Receiving a DAE by 3 Months of Age



	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
● Total Referred for DAE	3	5	7	3	1	3	2	4	6	9	1	3	0	2	6	3	0	2
● Total Receiving DAE	1	4	4	3	0	1	0	3	2	4	1	1	0	1	1	1	0	0
● Total Receiving DAE by 3 months	0	1	0	0	0	0	0	0	2	1	0	0	0	0	0	1	0	0

AIM 5



By March 31, 2017, Project Rikohi with early intervention staff will continue to identify and utilize specifically targeted interventions such as CLC QI methodologies to ensure Individualized Family Service Plan (IFSP) are in place by six months of age for 100% of infant's identified with persistent and permanent hearing loss



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





Percent of Infants with HL receiving IFSP prior to 6 Months of Age



- There were no infants diagnosed with a HL this quarter

Sub AIMs



1. By December 2015, increase by 100% the monitoring services provided by GEIS to all infants pending a DAE.
2. By October 30, 2015, complete DAEs for 80% of all infants needing a DAE that were born from November 2014 – April 2015.



- GEIS will use Purchase Order to pay for DAE services with a private audiologist

AIM 4



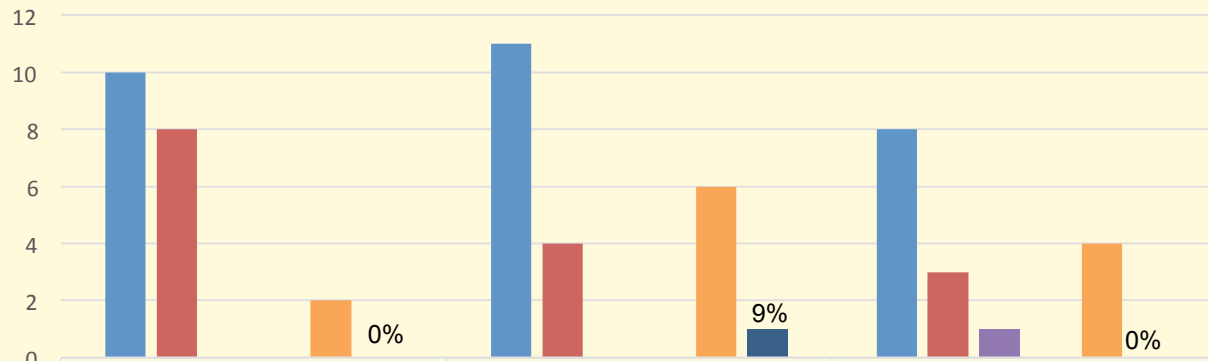
By March 31, 2017, Project Rikohi, with the medical home and early intervention staff, will continue to utilize specifically targeted and measurable interventions that are culturally and linguistically competent in reducing the number of infants LTF/D who have high risk factors for late onset and progressive hearing loss who fail to return for rescreen by six months of age from the current level of 20% to 10% or less

AIM 4



By March 31, 2017, Project Rikohi will reduce the number of infants LTF/D at the high risk rescreen level to 10% or less. (about 1-2 per month)

High Risk Rescreen



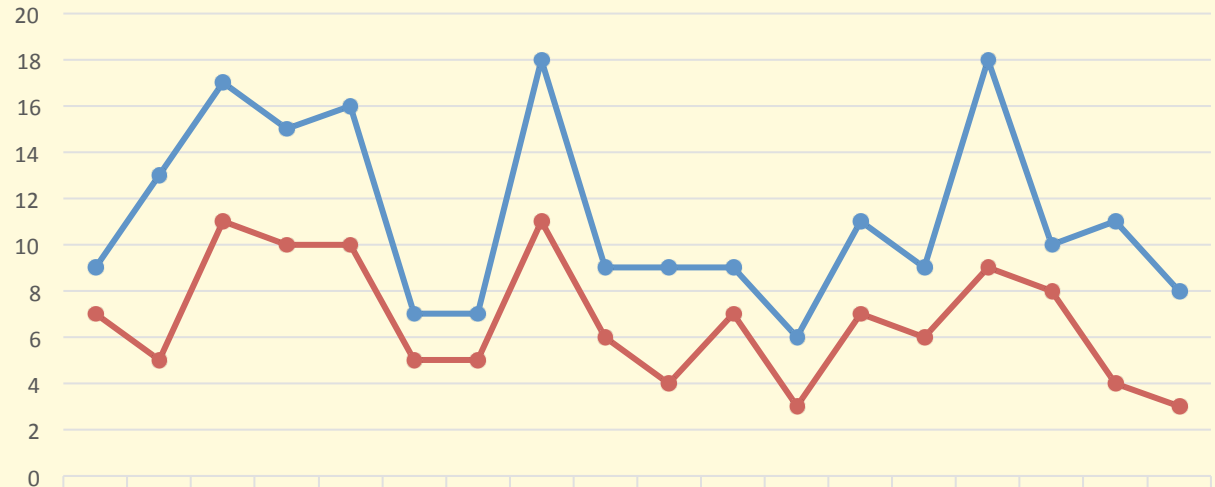
	Apr	May	June
Total Needing Rescreen	10	11	8
Total Rescreened	8	4	3
Total Relocating	0	0	1
Total Refuse Services	0	0	0
Total Pending	2	6	4
Total Lost to Follow Up	0	1	0

Sub AIMs



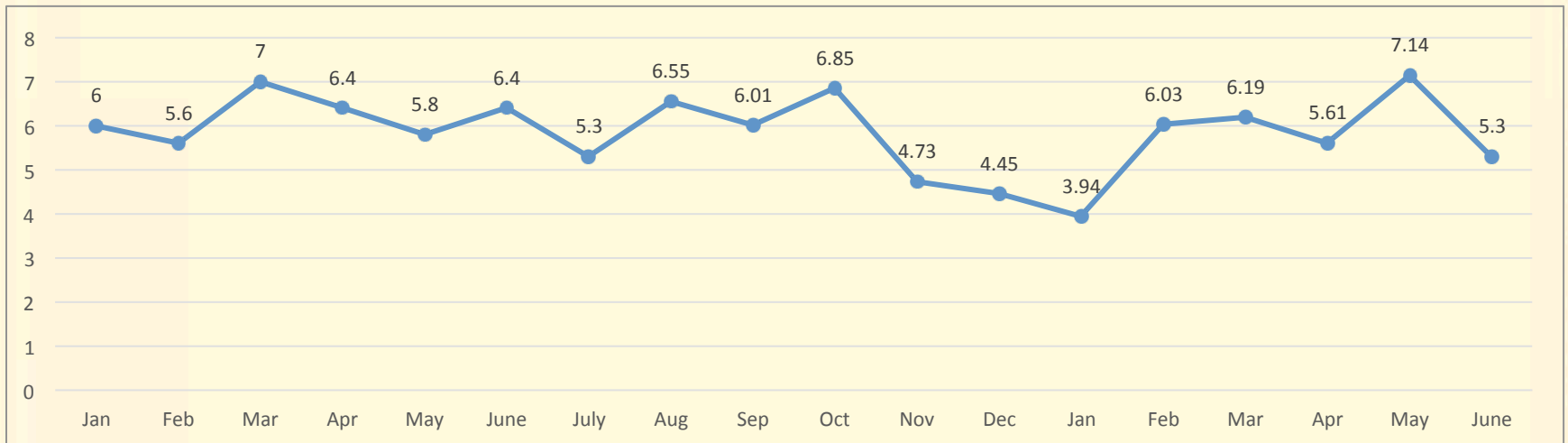
1. By April 2016, reduce number of no shows for high-risk re-screening appointments by 5%.

Total Receiving High Risk Rescreen



	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
● Total Needing High Risk Rescreen	9	13	17	15	16	7	7	18	9	9	9	6	11	9	18	10	11	8
● Total Rescreened	7	5	11	10	10	5	5	11	6	4	7	3	7	6	9	8	4	3

Average Age at High Risk Rescreen





Training and Activities



EVENT (March 2016-June 2016)	RESULTS
Prenatal classes GMH & SM	<p>Central DPHSS: No presentations occurred in March & April, 2016; 05/27/16 (22). June presentations pending.</p> <p>GMHA: No presentations occurred in March, April and May, 2016. 06/06/16 (15)</p> <p>Total: 37 participants</p>
Outreach activities	<p>3/19: GSAT Fair</p> <p>5/7: BETTER Speech & Hearing Fair</p>
Hearing Screening	<p>GEIS Hearing Screening Clinics</p> <p>3/30-18, 4/27-22, 5/26-21</p>



Media Development



**Guam Early Hearing
Detection & Intervention Project
(Guam EhDI)
Annual Report**

Project Period: July 1, 2015 - June 30, 2016



Closing Activities



Open Discussion

Announcements:

Next Meeting:

