



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**



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

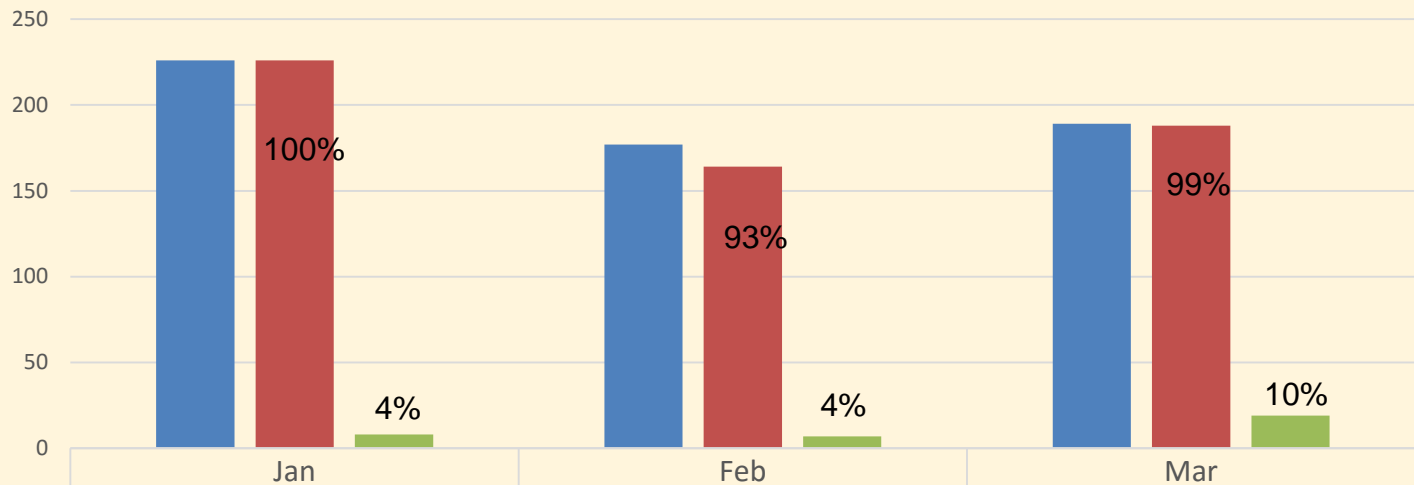
AIM 1

(cont. 1)



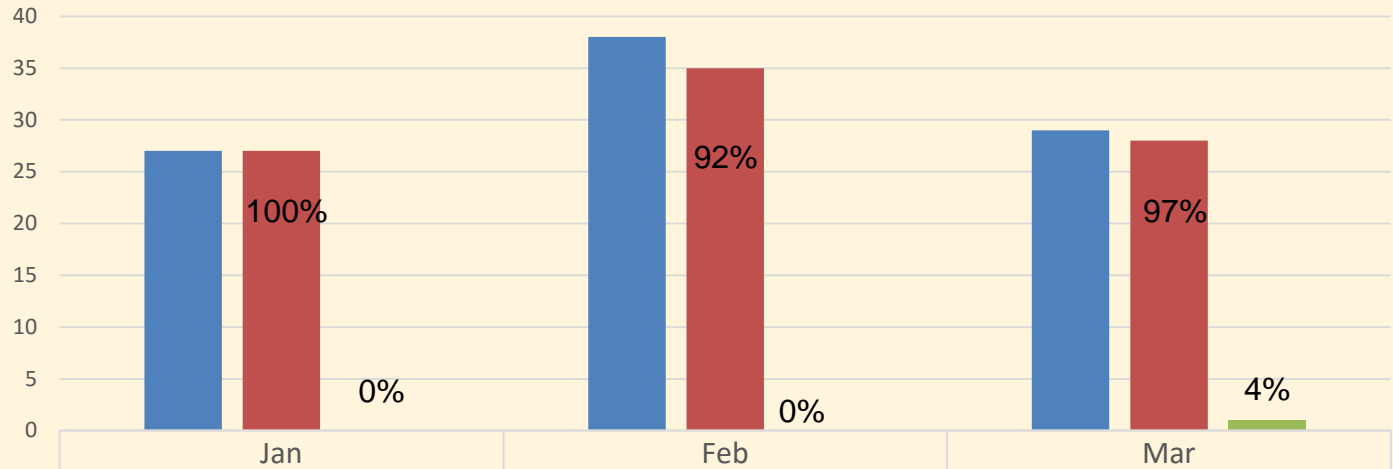
By March 31, 2017, Project Rikohi will reduce the number of infants LTF/D at initial screening to 1% or less. (about 2-3 per month)

GMHA Initial Screening Results



■ Total Births	226	177	189
■ Total Screened	226	164	188
■ Total FIS	8	7	19

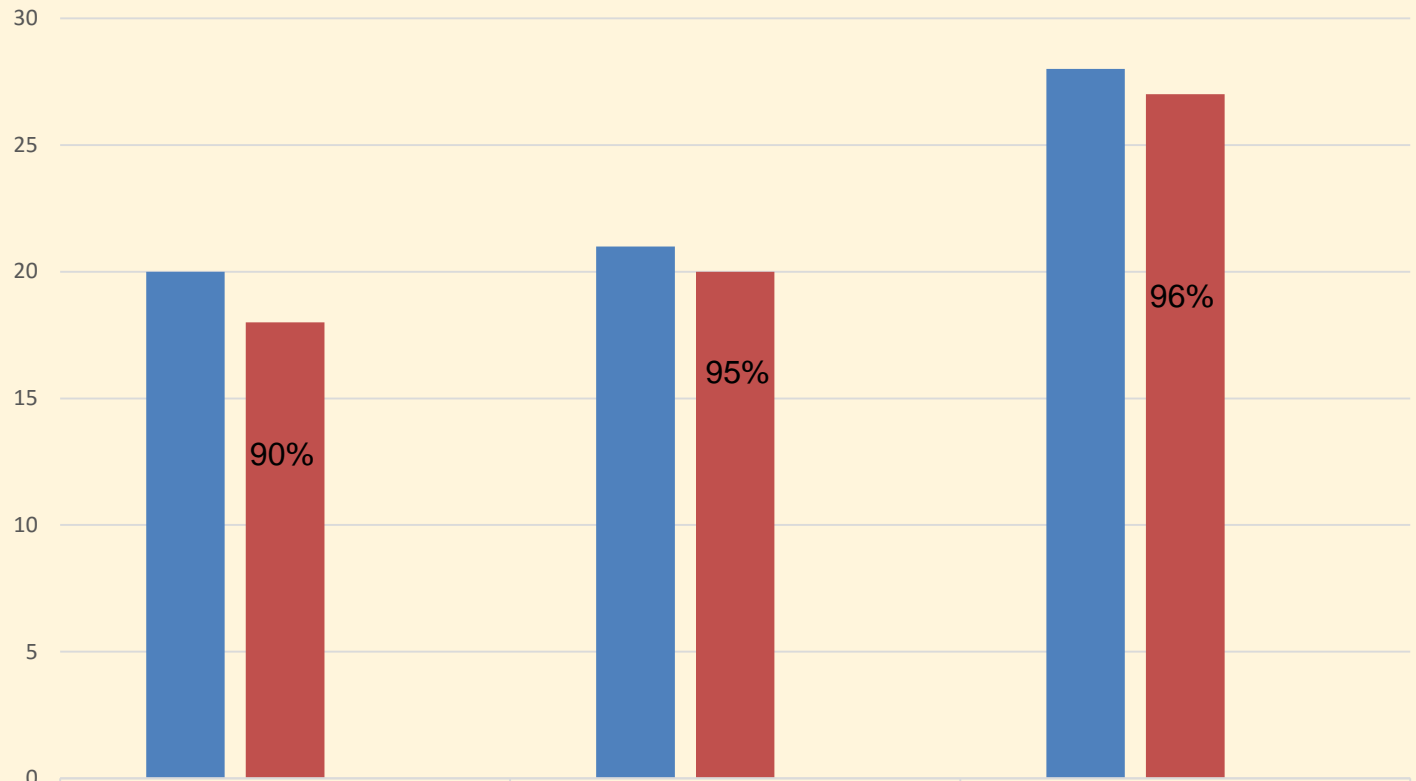
SMBC Initial Screening Results



■ Total Births	27	38	29
■ Total Screened	27	35	28
■ Total FIS	0	0	1

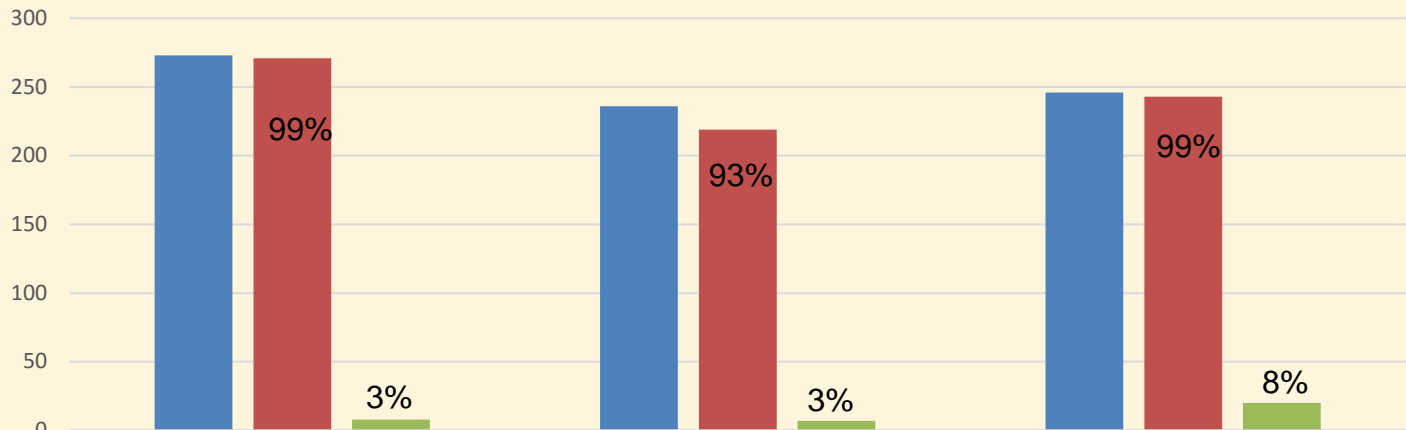


GRMC Initial Screening Results



	Jan	Feb	Mar
Total Births	20	21	28
Total Screened	18	20	27
Total FIS	0	0	0

Initial Screening Totals



	Jan	Feb	Mar
■ Total Births	273	236	246
■ Total Screened	271	219	243
■ Total FIS	8	7	20

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 check validity of demographic information from electronic transmission.
- Logbook verification

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

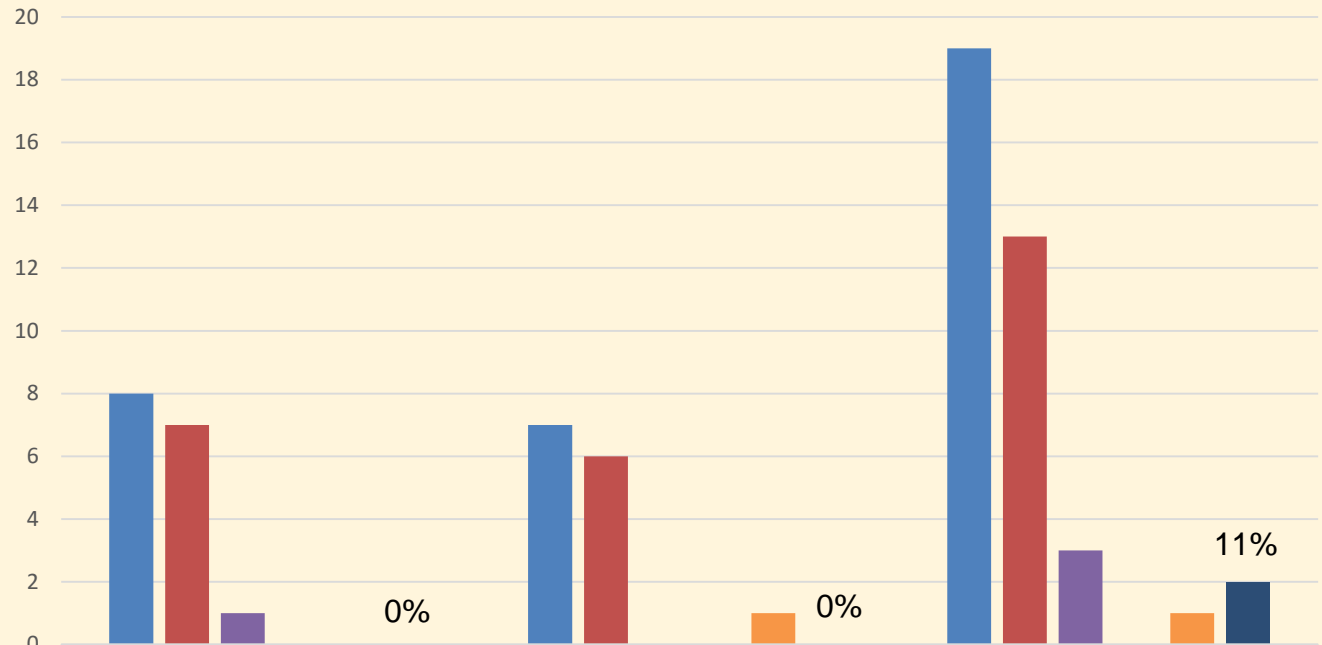
(cont. 1)



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)



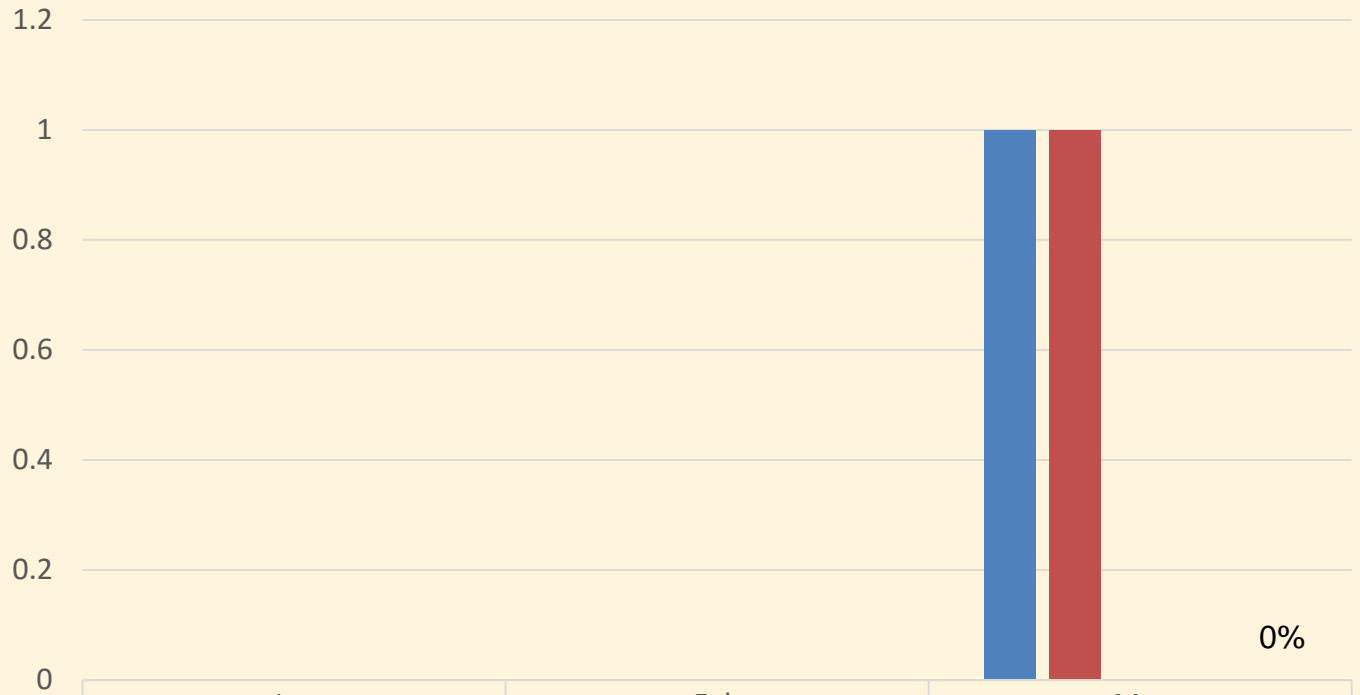
	Jan	Feb	Mar
Total Needing Rescreen	8	7	19
Total Rescreened	7	6	13
Total Relocating	1	0	3
Total Refuse Services	0	0	0
Total Pending	0	1	1
Total Lost to Follow Up	0	0	2

0%

0%

11%

Outpatient Rescreen Totals (SMBC)



	Jan	Feb	Mar
Total Needing Rescreen	0	0	1
Total Rescreened			1
Total Relocating			0
Total Refuse Services			0
Total Lost to Follow Up			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
- Updated google document of hearing screening appointments from GMHA and GRMC

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

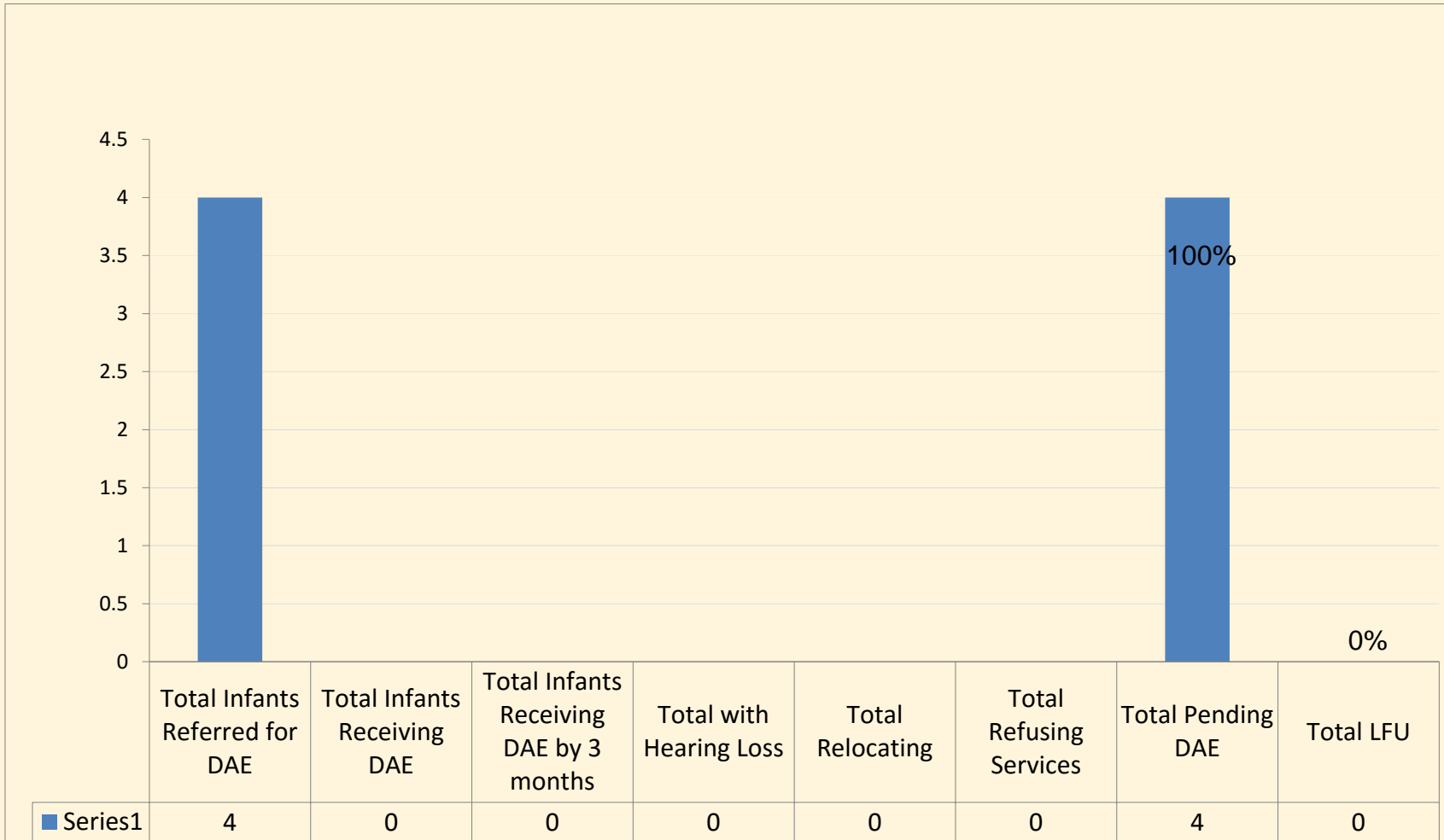
(cont. 1)



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 (January – March 2016)



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

(cont. 1)



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 receiving a DAE for this quarter, so no infants were diagnosed with HL

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

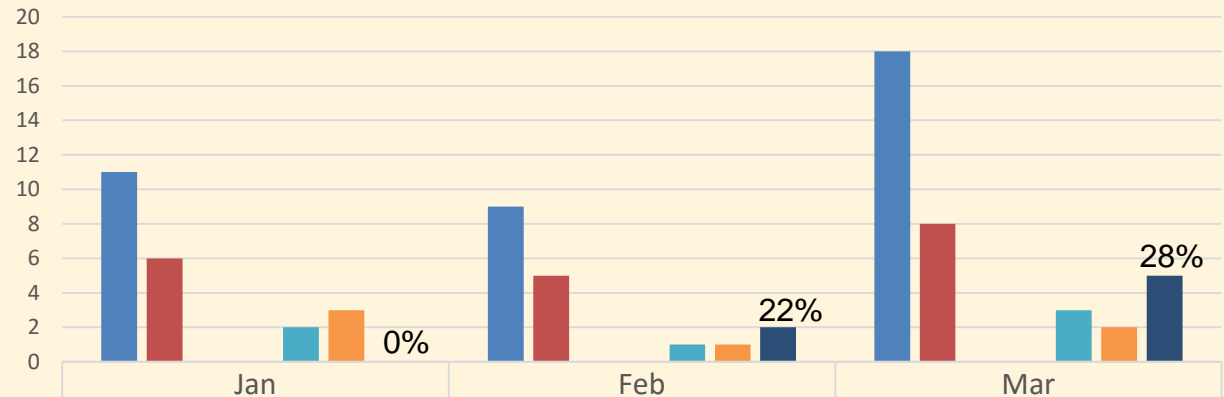
AIM 4

(cont. 1)



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



	Jan	Feb	Mar
Total Needing Rescreen	11	9	18
Total Rescreened	6	5	8
Total Deceased	0	0	0
Total Relocating	0	0	0
Total Refuse Services	2	1	3
Total Pending	3	1	2
Total Lost to Follow Up	0	2	5

Sub AIMs



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



- Guam EHD conducting OAE screening for LFU infants needing high risk rescreen.
(Children born January 2015 - June 2015)
- 5 infants located and screened as a result



Training and Activities



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



2015
Guam EHD Progress Report
 Newborn Hearing Screening At-A-Glance



Project Achievements

The goal of the Guam EHD project, in accordance with the national EHD focus is to ensure that all babies born on Guam are screened for hearing loss before 1 month of age, that those with hearing loss are diagnosed before 3 months of age, and that quality early intervention services they need are initiated before 6 months of age (known as the "1-3-6 Plan").

Benchmarks were met for hearing screening performed on newborns at the civilian birthing sites before 1 month of age. All newborn infants identified with hearing loss were enrolled into early intervention services before 6 months of age. There was a reduction on the number of infants loss to follow-up who were born with risk factors for late-onset hearing loss.

Successful strategies used to reduce loss to follow-up of high-risk infants include the following:

1. Offering alternate hearing screening appointment dates and sites;
2. Providing incentives for kept appointments;
3. Making calls about appointment date/time;
4. Giving hearing screening outpatient appointments from the birthing sites before discharge.

Public awareness on the importance of early detection of hearing loss through the screening and evaluation processes was greatly enhanced by the Project's participation in numerous community outreach activities.

Hearing screeners, physicians, parents and early intervention providers were surveyed to assess the Project's strengths and needs for quality improvement purposes. The findings of these surveys will identify future training and technical assistance needs that will be addressed.

Guam EHD is a stakeholder and participant in the Culturally and Linguistically Appropriate Service Partners (CLASP), a coalition of agencies working together to improve language access services (LAS). CLASP brought attention to the role of LAS through a public forum addressing health disparities. Members sit on an Advisory Board for Guam Community College in developing a curriculum for interpreter training.

The projected focus of Guam EHD will be to develop work groups for each Aim/Goal that will utilize the National Initiative on Child Health Quality (NICHQ) Learning Collaboratives using the Model for Improvement process in developing potential strategies that will reduce the loss to follow-up at all levels of the hearing continuum.



For more information contact:

Guam EHD

Phone: 735-2466 TTY: 734-6531

Email: nenehearing@guamehdi.org - Website: www.guamehdi.org

Office: Dean Circle House 22-23, University of Guam

Office Hours: Monday - Friday, 8am - 12 noon/1pm - 5pm

Produced by the Guam Early Hearing Detection and Intervention (Guam EHD) Project with 100% funding support from the U.S. Department of Health & Human Services, Health Resources and Services Administration, Grant No. 5UR3DD000784-04 and facilitated by the University of Guam Center for Excellence in Developmental Disabilities Education, Research, & Service (Guam CEDDERS). The University of Guam is an Equal Opportunity Provider and Employer.



Media Development

(cont. 1)



About Guam EHD

The Guam EHD Project was established in 2002 through a federal grant awarded to the University of Guam Center for Excellence in Developmental Disabilities Education, Research, & Service (Guam CEDDERS).

The grant was awarded by the U.S. Health and Human Services (HHS), Health Resources and Services Administration (HRSA) to establish Guam's Newborn Hearing Screening and Intervention Program. In 2003, Guam CEDDERS also applied for and received funding through a Cooperative Agreement with the U.S. HHS, Centers for Disease Control and Prevention (CDC) to establish an integrated data, tracking, and surveillance system to support the Guam EHD Project. To support this initiative, Guam received training and technical assistance from the University of Maine to develop the data system, known as Guam ChildLink. Guam CEDDERS continues to submit applications to the U.S. HHS HRSA and CDC for continued funding support for the Guam EHD Project.

Through the efforts of the Guam EHD Project, Universal Newborn Hearing Screening and Intervention is a public law on Guam. The Universal Newborn Hearing Screening and Intervention Act Public Law 27-150 became law in December 2004. Guam's local legislation aligns with national goals and assures an upgraded standard of care for all babies born on Guam.

The goal of the Guam EHD Project is to assure that all babies born on Guam are screened for hearing loss by 1 month of age, that those with hearing loss are diagnosed by 3 months of age, and that quality early intervention services they need are initiated by 6 months of age (known as the "1-3-6 Plan").

Types of Hearing Loss Identified from 2002-Present

Conductive ¹	56
Sensorineural ²	22
Mixed ²	7
Total:	85

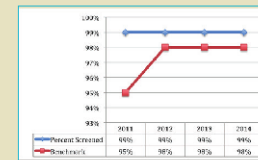
There were 85 infants identified with a hearing loss since the Guam EHD project began in 2002. These infants were all identified and offered early intervention services through the Guam Department of Education, Guam Early Intervention System (DOE-GEIS).

¹Conductive Hearing Loss - Type of hearing loss where sound is not conducted efficiently through the outer ear canal to the eardrum and can often be medically or surgically corrected.

²Sensorineural Hearing Loss - Type of hearing loss when there is damage to the inner ear or to the nerve pathways from the inner ear to the brain.

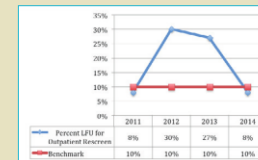
³Mixed Hearing Loss - Type of hearing loss that is a combination of conductive hearing loss and sensorineural hearing loss. Note: Data is from 2 of 3 birthing sites: Guam Memorial Hospital Authority (GMHA) and Sagua Managu Birthing Center.

Initial Screening



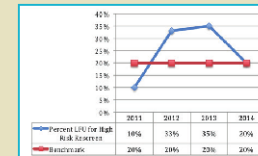
The Guam EHD project has maintained a 99% initial hearing screening rate at Guam Memorial Hospital Authority and Sagua Managu Birthing Facility.

Percent Lost to Follow Up (LFU) Outpatient Rescreen



The Lost to Follow Up (LFU) rate for outpatient rescreens increased to 30% in 2012, and decreased to 27% in 2013. However, the rate decreased to 8% in 2014, which exceeded the established Guam EHD benchmark.

High Risk Rescreen



The Lost to Follow Up (LFU) rate for High Risk Rescreens increased to 33% in 2012, and 35% in 2013. In 2014, the Guam EHD benchmark was met with 20% LFU for High Risk Rescreens.

Diagnostic Audiological Evaluation (DAE)

Closing Activities



Open Discussion

Announcements:

Next Meeting:

