



Guam Early Hearing Detection and Intervention Project
Guam Center for Excellence in
Developmental Disabilities Education, Research, and Service
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**Guam EHDI 4th Quarterly Advisory Meeting
Pacific Star Resort
August 22, 2018**

Minutes

Guam EHDI Advisory Members Present:

Glenda Leon Guerrero, GRMC
Joyce Tejeras, Parent
Eileen Pascua, SMBC
Patricia Mantanona, DOE/GEIS
Avelina Bing Opena
Joseph Tuquero
Eufemia P Local
Evelyn Topasna, Parent
Elizabeth Mantanona

Pricilla Pillsbury SMBC
Tricia Taitague, Special Education
D/HH Program
Julia Flores, Family Member
Susan Dougan, GPPT
Ma Victoria Guiao, GMHA
Ruth Sabangan, GMHA

Members Absent:

Leah Malanum, SMBC
Margarita Gay, DPHSS
Valerie Meno, GMHA
Pamela Sablan, GRMC
Ann Marie Cruz, Parent
Tom Babauta, DOE

Cathy Tydingco, DOE
Heidi San Nicolas, Ph.D.
Leann Barcinas Santos, Ph.D., CCC-SLP
Rachel Cornwell, AuD, CCC-A
Tricia Suzuki, Parent

Guam EHDI Staff Members Present:

Terrie Fejarang
Joseph “JJ” Mendiola
Renee Koffend, Auld, CCC-A

Marie Wusstig
Jenika Ballesta
Ruth Leon Guerrero

I. Call to Order, Welcoming, Introduction of Members

A. Mr. Joseph Tuquero, Chairperson called the meeting to order at 11:34 a.m.

II. Approval of Minutes

A. Mr. Tuquero asked members to review the meeting minutes. Ms. Joyce Tejeras motioned to approve the minutes, Ms. Margarita Gay seconded the motion. The minutes were unanimously approved.

III. EHDI (CDC) Strategies



- A. Mr. Mendiola summarized the five EHDH (CDC) strategies: Surveillance, Training & Support, Partnership, Strategic Communication and Monitoring Analysis & Evaluation... (See PowerPoint Presentation and HRSA Project Fitme Work Plan for information).
- B. Mr. Mendiola presented on the percentage of Initial Screening for each birthing site (GMHA, GRMC, and Sagua Mañagu): GMH - 99% were screened and 2% referral rate. GRMC - 96% screened, 4% referral rate SMBC – 91% screened, 80% referred to follow up rescreen. Total: 96% screened, 4% referral rate.
- C. Outpatient Rescreen - April 5 needed - 4 came back, 1 LTFU- May 4 needed- 3 came back, 1 LTFU - June 9 needed, 5 needed, 3 pending (missed appointment), 1 LTFU
- D. Referred for DAE Jan-July 2018 -- suggestion from the last advisory meeting out of the 7 referred, 5 DAE 3mo. of age, 1 diagnosed with HL, 1 didn't receive due to family relocated. # gone up from the previous year. 1 infant with HL pending IFP –pat to follow up
- E. High-Risk rescreen by 6 mo. of age: Risk factor – April: 9 needed, 3 came back, 6 LTFU. May: 7 needed, 5 came back, 2 pending. June: 11 needed, 1 came back, 8 pending, 2 LTFU.
- F. Ms. Dugan asked about Dr. Zieber's (Audiologist) involvement. Mr. Mendiola stated that Dr. Zieber oversees the outpatient rescreen in order to maintain EHDH sustainability giving public health to oversee the High-Risk screening.
- G. Dr. Koffend inquired which public health location holds the hearing screening and what type of equipment they use. Mr. Mendiola stated that the Central (Mangilao) Public Health has been managing the High-Risk screening using the OAE equipment.
- H. Ms. Mantanona added that Dr. Zieber oversees the children who are 3 years of age or older (30 mo. or older). A child who is under 3 years of age will have to schedule a hearing screening with GEIS before moving further (in the event the child referred).
- I. Dr. Koffend emphasized that –if an 18-month-old child passed a hearing screening but is not High-Risk free, the child would see Dr. Koffend only because the family's pediatrician advised them to.
- J. Ms. Mantanona discussed the payer of last resort for payment.

- K. Ms. Mantanona asked a question about a parent who was referred for hearing and had screened at the Southern Public Health—and EHDI wasn't able to get the results. Mr. Mendiola confirmed this adding there was no record found while working with the service coordinator, after looking through hard copies (results) received from public health. It may be due to Southern Public Health using a different screening process.
- L. UPDATE: Mr. Mendiola discussed the EHDI Evaluation (HRSA & CDC) - 2 meeting this year held on March 29 & June 1
1. Received positive feedback from group.
 2. Recommendation(s):
 - Increase the frequency of uploads.
 - Create DAE template report to be accessible on Childlink.
 - Add the bill to Childlink to be easy to track for kids
 3. Ms. Wusstig discussed her meeting with Cera Rios (in charge of GMH Medical Records) – Ms. Wusstig was asked to check back in September due to limited staff. Possibly open to revisit the idea.
- M. Mr. Mendiola mentioned the following they've created that can be viewed on Childlink:
1. A section that can upload each DAE report
 2. Important times for initial screening and rescreening
- N. Ms. Mantanona inquired how soon the results can be inputted. Mr. Mendiola responded adding, the sooner GEHDI receives the reports the sooner they upload it onto the system (including the undetermined results).

IV. Fitme (HRSA)

- A. Ms. Wusstig discussed the 'Overall Program Goal', which involves: *"identifying kids and providing the support they need along with their families"* (See PowerPoint Presentation). Ms. Wusstig summarized the HRSA goals: AIMS
- a. AIM #1: Increase Health Professionals Engagement;
 - AIM #2: Improve Access to Early Intervention Services;
 - AIM #3: Increase Family Engagement, Partnership and Leadership within the EHDI Programs and Systems.

V. Updates

- A. Ms. Wusstig discussed the following updates:



1. High Risk Clinic:
 - a) Working on getting appointments
 - b) Guam EHD is working with public health to offer assistance to families that can't make it to their appointments (for July clinic appointments)
2. QI DAE/EI: Quality Improvement Diagnostic Audiological Evaluation - Early Intervention.
3. Parent Organization Partnership: Ms. Dugan shared the following:
 - a) Attend first parent meeting in the month of June with Dr. Koffend, providing a list of trainings that parent would like to be a part of.
 - b) First parent training learning session involved 3 parents D/HH – Feedback was given positive review.
 - c) IEP questions & certain documents were handed out for parents to review
 - d) Shared Plan of Care first draft Parents were okay with and wish they had it earlier. Parents agreed to have more dates and event training or parent support group meetings.
 - e) Flyer/poster to place in different areas.
 - f) IFSP Trainings (September) on Saturdays from 1 – 3pm.
4. Ms. Mantanona suggests for the parent engagement focus group, putting trainings onto the website that parents can attend or review when/if they can't make it. *Parents prefer using a parent support website rather than an agency website.*
 - a) Ms. Dugan shared that the parents wanted to be a part of a WhatsApp chat group: for notices & updates on upcoming meetings
5. Carryover Request. Ms. Wusstig shared that the program received a notice of the approved Carryover Request and still in the process of working out the details for the sum of money that has been carried over.
6. Learning Community
 - a) On June 1st at Three Squares (See PowerPoint Presentation).
7. Naval Hospital: Since the Summer, word has been brought up to the upper chain. Continued follow up is still in order.



VI. Training & Activities

1. Outreach Activities
2. February: Introduction of new staffs to GMH
3. EHDI Meeting in Colorado: Won “Website of the Year”
4. Training by Dr. Koffend at GMH & Sagua Mañagu
5. Other Activities (See PowerPoint Presentation).

VII. Closing Activities

A. Open Discussion

1. Dr. Zieber’s New Office- Everything will be set up this weekend at the new location/ no phone line currently in place.
2. Ms. Mantanona to give map of Dr. Zieber’s new building. Also, she announced GEIS’ new location (2nd floor) at DOE. Contact information still remains the same.

VIII. Announcements

- A. EHDI Advisory Council next meeting: February 20, 2019 at Pacific Star
- B. CEDDERS Advisory Council next meeting: November 30, 2018

IX. Learning Community

- A. Ms. Wusstig discussed the purpose of Learning Community and the Goal of the EHDI L.C.
- B. Recap of June 1st Learning Comm. Meeting
 1. Care Coordination
 - a) Making sure service coordinators are informing/reminding parents of their appointments
 - b) JCIH: Joint Commission Infant Hearing: Engaging with Pediatrics professionals; Continue communication between audiologists, pediatricians and early interventionists
- C. Shared Plan of Care
 1. Recommendations were added to the Shared Plan of Care forms.
 2. Added an appointment section
 3. Dr. Koffend inquired about a document/form that families have possession of for their own personal record. This document only allows the hearing doctors to fill out the hearing screening part (results).
 4. Ms. Wusstig stated this would start once the child is identified so it won’t be used with all children. Nothing is set in stone and clinics can change it to fit the needs of the

organization/clinic/families. It's up to the clinics whether they choose to have it and how they implement it. Another useful tool to have for families. Can be updated and filed into the medical record.

5. Ms. Dugan added that last meeting with the parents of kids that are deaf & hard of hearing, gave positive feedback. Parents are in favor of the method because it is easier to use.

6. In terms of **Language Access**, Ms. Mantanona provided that GEIS would provide an interpreter only when/if those times their services are needed. Ex: home visits. Interpreter is only there for the family GEIS is providing the support for. Another exception, if the family were to see an audiologist based on their (GEIS) recommendation, then an interpretation service would be provided.

X. System Sustainability

- A. Ms. Wusstig discussed the data system. Needs to continue to house it should funding stop.
- B. Mr. Mendiola provided that the data systems are separate systems but falls under Childlink. Ex: Guam Childlink EHDI, which is separate from Guam Childlink Karinu, which is separate from Guam Childlink Launch and Guam Childlink Bisita. He also mentioned that although they are separate but there is the ability to integrate & exchange data between all four data's systems.
- C. Ms. Mantanona put up a suggestion that the main server could link the names to their information (address and contact information). Mr. Mendiola added that the infants they have a hard time tracking are those without first names on the initial hearing screening results form since most times they are indicated in their files as 'Baby Girl' or 'Baby Boy'.
- D. Ms. Fejarang shared about the Webinar with National EHDI Technical Assistance Providers: Different types of sign language systems, Listening and Spoken language system, etc., good information to be shared with parents to see what system works for them depending on the individual needs of the child.
- E. Ms. Dugan shared about the challenges she went through in providing the appropriate services for her daughter.

XI. Adjournment.

- A. The motion to adjourn was made by Ms. Wusstig; second by Ms. Mantanona.



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