

Project Achievements September 2014 to April 2015

The goal of the Guam EHDI project, in accordance with the national EHDI 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 EHDI 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 EHDI 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.



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Produced by the Guam Early Hearing Detection and Intervention (Guam EHDI) 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.



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



About Guam EHDI

The Guam EHDI 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 EHDI 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 EHDI Project.

Through the efforts of the Guam EHDI 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 EHDI 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 EHDI 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).

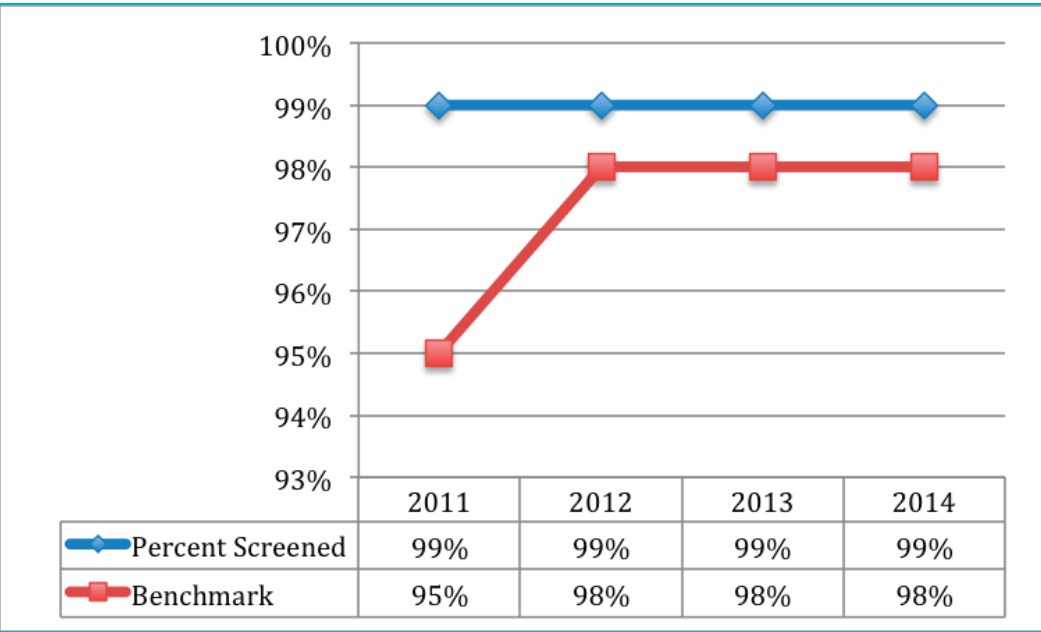
¹Conductive Hearing Loss - Type of hearing loss where sound is not conducted efficiently through the outer ear canal to the eardrum and can often be medically or surgically corrected.

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.

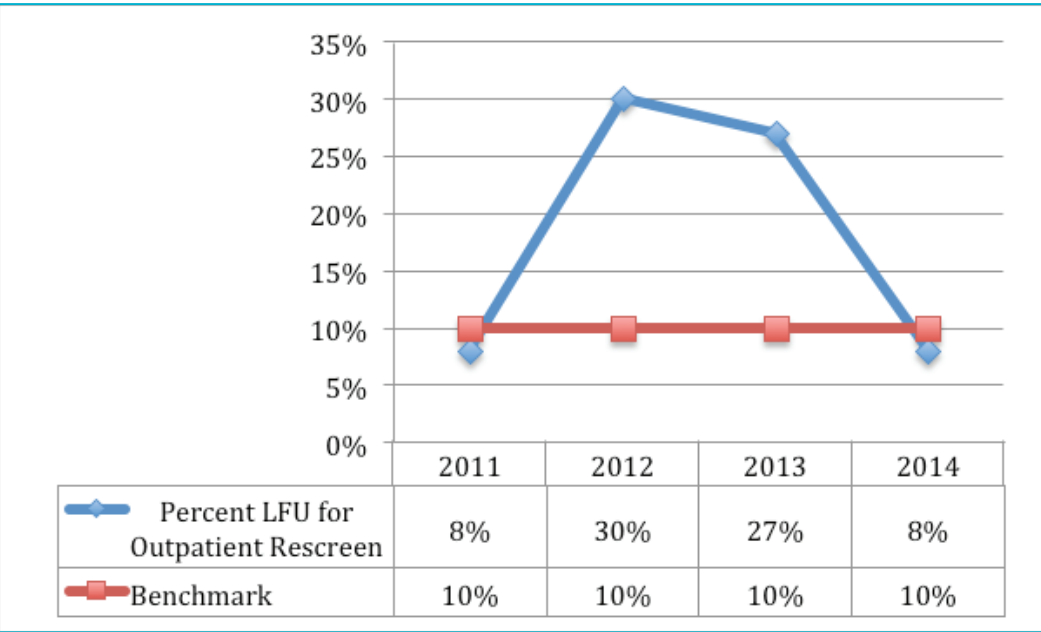
Note: Data is from 2 of 3 birthing sites: Guam Memorial Hospital Authority (GMHA) and Sagua Mañagu Birthing Center.

Initial Screening



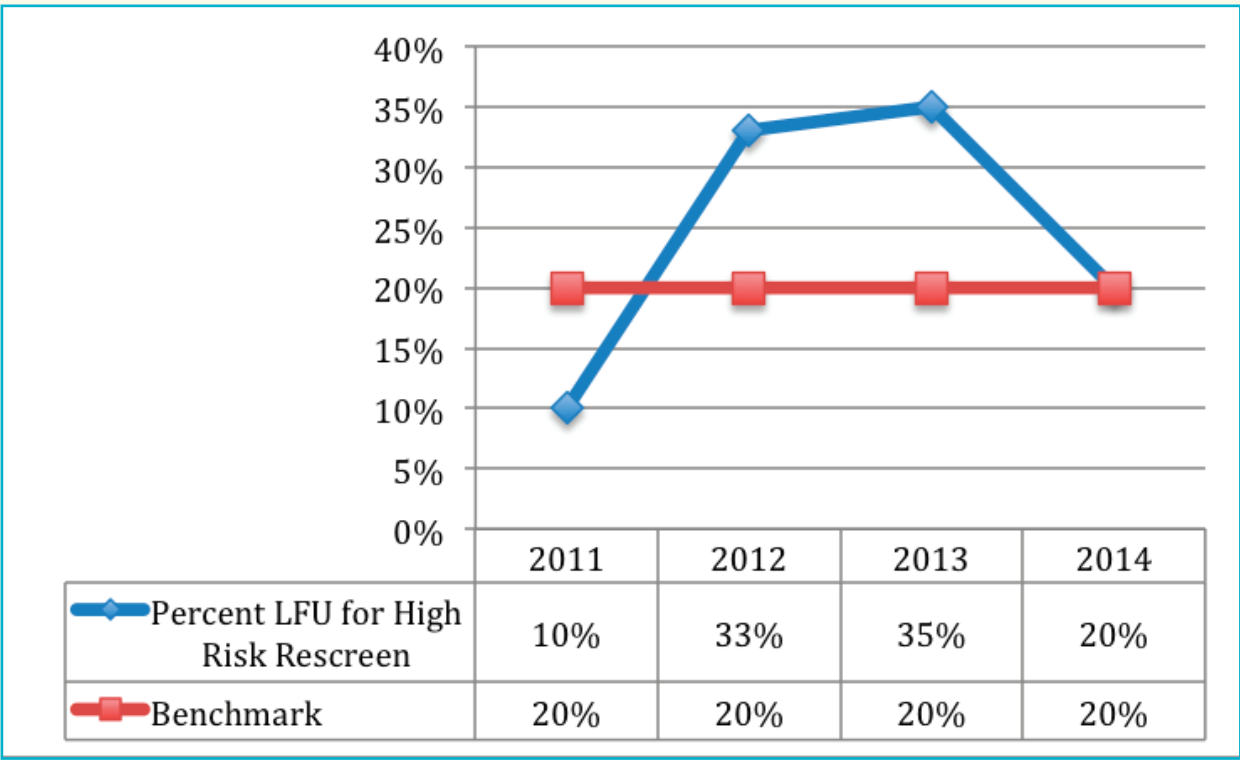
The Guam EHDI project has maintained a 99% initial hearing screening rate at Guam Memorial Hospital Authority and Sagua Managu Birthing Facility.

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 EHDI 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 EHDI benchmark was met with 20% LFU for High Risk Rescreens.

Diagnostic Audiological Evaluation (DAE)

| | Total Referred for DAE | Total with Normal Hearing | Total with Hearing Loss | Total with DAE before 3 months | Total DAE via Tele-audi-ology | Total receiving EI Ser-vices | Total Receiving EI Services before 6 moths | Total Pending DAE | Total Deceased | Total Relocating/ Refusing Services | Total LFU |
|------|------------------------|---------------------------|-------------------------|--------------------------------|-------------------------------|------------------------------|--|-------------------|----------------|-------------------------------------|-----------|
| 2011 | 22 | 5 | 3 | 1 | 2 | 4 | 2 | 5 | 0 | 7 | 2 |
| 2012 | 40 | 13 | 4 | 13 | 11 | 12 | 10 | 3 | 1 | 10 | 0 |
| 2013 | 26 | 3 | 8 | 11 | 2 | 4 | 4 | 7 | 1 | 3 | 0 |
| 2014 | 33 | 5 | 8 | 15 | 0 | 8 | 7 | 6 | 1 | 2 | 3 |

In 2012 and 2013, there were no infants LFU for a Diagnostic Audiological Evaluation. This was due primarily to the implementation of the Teleaudiology project that began in November 2011 and ended in August 2013. This project involved the successful collaboration between Guam EHDI, The Childrens Hospital – Colorado, GEIS, and the DOE Audiology department.

