

INFANT HEARING PROGRAM- GOALS & DELIVERABLES **APRIL 1, 2019- MARCH 31, 2020**

Deliverables for April 1, 2019 – March 31, 2020

- At least 90% of all babies with a “refer” result from UNHS will have an audiology assessment (provided in accordance with the IHP Audiological ABRA Protocol, 2018 or any subsequent updated versions).
- 75% of all babies with a “refer” result from UNHS who have an audiology assessment will access it by 4 months corrected age.
- 40% of babies with confirmed PHL whose families choose amplification will access amplification services (provided in accordance with IHP Amplification Protocol, 2018 and the Protocol for IHP Core Requirements – Amplification Services, January 2017 or any subsequent updated subsequent versions of these protocols), no later than 9 months corrected age.
- 40% of babies with confirmed PHL will access language development services (provided in accordance with IHP Language Development Services Guidelines, 2018 or any subsequent updated versions) no later than 9 months corrected age.
- 75 % of infants born at risk for hearing loss will receive surveillance hearing screening by 18 months of age (in accordance with IHP High Risk Surveillance Protocol 2017).
- Infants and preschool children with confirmed permanent hearing loss will have an identified case coordinator and a documented Communication Development Plan - Coordinated Family Service Plan (CFSP) which is updated through progress measurement and outcomes assessment every 6 months (provided in accordance with IHP Language Development Services Guideline, 2018).
- For any infant or preschool child for whom a change in language development services/ intervention approach is implemented, an associated CFSP update and team meeting will be documented.
- 100% of children who are discharged for the reasons “attending JK”, “attending SK” and “attending Grade 1” will receive transition to school plans