

## **INFANT HEARING PROGRAM- GOALS & DELIVERABLES APRIL 1, 2021- MARCH 31, 2022**

### **Deliverables for April 1, 2021 – March 31, 2022**

- 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, 2019.01 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 2019.01 or any subsequent updated versions).
- 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.