
Interim Service Plan:

Queensland Health

Early Intervention for

Children who have a

Permanent Hearing Loss

(2010 – 2011)

for:

Healthy Hearing Program

Queensland Health

prepared by:

Gretchen Young

young
futures 
realising possibilities

(07) 3378 0310

0434 357 721

gretchenyoung@optusnet.com.au

1. BACKGROUND

In October 2009 the Healthy Hearing Program made a successful submission to the Cabinet Budget Review Committee (CBRC) for an increase in funding for paediatric cochlear implants and early intervention for children who use cochlear implants and children who use hearing aids. As a result, the 2010 – 2011 State budget included funding for Queensland Health to:

- double the number of cochlear implants available for children;
- enhance pre- and post-implant assessment and therapy services;
- provide early intervention services for children who use hearing aids;
- provide early intervention services for children who have a permanent hearing loss and additional disabilities;
- employ an Indigenous Community Development Worker, to be based in Townsville.

The Hear and Say Centre also received additional funding in the 2010 – 2011 State Budget to enhance existing early intervention services.

It was recognised that there was an urgent need to enhance services for children and their families in 2010 – 2011, as well as a need to undertake comprehensive planning to inform long-term service development for children who have a permanent hearing loss and their families.

In the context of these simultaneous demands, the decision was made to undertake interim planning to inform temporary service development and enhancement for the year 2010 – 2011. Longer term planning will be informed by the findings of a Queensland-wide audit that is currently underway to determine the early intervention and therapy services that Queensland children who have a permanent hearing loss are currently accessing.

The process to inform the Interim Service Planning (2010 – 2011) involved telephone consultation with a wide range of professionals supporting families of children who have permanent hearing loss in Queensland. These consultations informed the development of a Discussion Paper regarding *Interim Service Planning for Queensland Health Early Intervention Services for Children who have a Permanent Hearing Loss (2010 – 2011)*. The Healthy Hearing Program distributed the Discussion Paper, to professionals and a number of parents of children who have a hearing loss, through the following organisations:

- Queensland Health
- Mater Children's Hospital
- Education Queensland
- Australian Hearing
- Deaf Children Australia
- Deaf Services Queensland
- Hear and Say Centre
- Royal Institute for Deaf and Blind Children
- POD Queensland

The Healthy Hearing Program sought written feedback on the suggestions made in the Discussion Paper. The feedback on the Discussion Paper provided valuable information at both a strategic level and a detailed operation level.

The key feedback relevant to informing the strategic decision making for the planning stage of this process was presented in each of a series of Consultation Meetings held in September and October. These meetings included:

- 2 consultation meetings regarding medical services and cochlear implant service
- 2 consultation meetings regarding early intervention
- 1 consultation meeting regarding audiology
- 1 consultation meeting regarding services in regional areas
- 1 consultation meeting regarding genetics services

Further feedback was also gained during these consultation meetings.

The synthesis of this strategic level feedback and the extensive discussions that have occurred is reflected in the objectives and plans for 2010 – 2011 detailed below.

The detailed feedback that has relevance to implementing the operational details of the plans presented below will be used to inform these processes over the coming months.

2 OBJECTIVES FOR 2010 – 2011

In response to the findings of the consultations undertaken, the following objectives have been set to be fulfilled by 30 June 2011. These are discussed in more detail in Section 3 below.

- 2.1** All newly funded cochlear implants (including those funded non-recurrently) will be utilised to provide children with either:
- an initial unilateral cochlear implant;
 - simultaneous bilateral cochlear implantation; or
 - a second cochlear implant for children who have previously received a unilateral cochlear implant.
- 2.2** Multidisciplinary hearing loss clinics will be trialled at the Royal Children’s Hospital (RCH), the Mater Children’s Hospital (MCH) and the Townsville General Hospital (TGH).
- 2.3** Participation of Australian Hearing in the multi-disciplinary clinics will be trialled in at least one of the three multidisciplinary medical clinics.
- 2.4** Multidisciplinary assessment processes for children newly diagnosed with a permanent hearing loss will be developed in at least one regional site that does not have the resources for establishing a multidisciplinary clinic.
- 2.5** Protocols for early intervention will be drafted, consulted on and endorsed. These protocols will serve as a framework for determining the appropriate extent and mix of early intervention services for children who have a permanent hearing loss.

- 2.6** Networks of hearing loss service providers, provisionally named Healthy Hearing Teams, will be trialled in at least three non-metropolitan areas in Queensland. These teams will, with parental consent:
- identify all children under school-age who have a permanent hearing loss within a defined geographic area;
 - monitor the progress of all children in the geographic area;
 - utilise the early intervention protocols to assess the amount, type, and relevance of early intervention options available to each child; and
 - where it is determined that a child does not have adequate access to appropriate services to fulfil their developmental potential, make a request to the Healthy Hearing Program to secure resources to enhance service access.
- 2.7** Auslan training programs will be made available to parents and extended family of children under school age who have a hearing loss and who wish to learn sign language.
- 2.8** An analysis of the training needs of Queensland Health hearing loss early intervention providers will be undertaken and options for appropriate training will be identified.

3 PLANS FOR 2010 – 2011

A timeline for the implementation of the plans detailed below is presented at the end of this document.

3.1 MULTIDISCIPLINARY CLINICS

3.1.1 *Multidisciplinary clinics* will be established at the RCH, the MCH, and the TGH for children who have a permanent hearing loss. These clinics will provide services to children from diagnosis to school commencement. They will include:

- Clinic Coordinator
- Ear Nose and Throat Specialist
- Paediatrician
- Queensland Hearing Loss Family Support Service
- Genetic Health Queensland
- Ophthalmology
- Australian Hearing
- Deaf Children Australia – Parent Mentor Program

Additional details regarding the different roles within the multidisciplinary clinics, and resources that will be provided to support the clinics, are provided below.

- 3.1.2** *One regional hospital in South East Queensland* will be selected to trial development of a **multidisciplinary process** for children newly diagnosed with a permanent hearing loss. The trial site will be selected based on the availability of relevant professionals and the capacity for processes to be established that can be sustained over time. Possible sites for consideration include (but are not limited to) Nambour Hospital, Ipswich Hospital, and Gold Coast Hospital.
- 3.1.3** Given the number of **Ear Nose and Throat Specialists** involved in the care of the population of children who have a permanent hearing loss, different approaches to optimising ENT involvement within the multidisciplinary clinic processes will be explored in more detail. It is possible that different models for ENT involvement will be used at different hospitals.
- 3.1.4** Designated Healthy Hearing Program staff will oversee the development of the multidisciplinary clinics and processes.
- 3.1.5** Funding will be provided immediately for a temporary **1.0 FTE HP5 Clinic Coordinator** position (until 30 June 2011). This role will design and develop multidisciplinary medical clinics/processes at the RCH, MCH and identified regional site/s in South East Queensland. From February 2011 the role will undertake the early implementation and delivery of the clinics/processes. The Clinic Coordinator role could be filled either by one person across the RCH and the MCH, or one 0.5 FTE position at each site.
- 3.1.6** Consideration could be given to the **Clinic Coordinator being integrated with the RCH and MCH Cochlear Implant Clinic Coordinator roles**. This would streamline service system processes for families and professionals and provide cover for both roles when staff are on leave.
- 3.1.7** *In Townsville*, funding will be provided immediately for a temporary **0.5 FTE HP5 Clinic Coordinator position** (until 30 June 2011). This role will design and develop **multidisciplinary medical clinics/processes** at the TGH. It is recommended that in developing this service the Clinic Coordinator liaises with the Healthy Hearing Indigenous Community Development Worker. From February 2011, the role will undertake the early implementation and delivery of the clinics/processes. This role will also be responsible for undertaking an assessment of the viability of establishing a **cochlear implant MAPPING service** in Townsville.
- 3.1.8** Funding will be provided immediately to increase the current **Healthy Hearing Paediatrician role from 0.1 FTE to 0.2 FTE** at both the RCH and the MCH. In February 2011, at the time the multidisciplinary clinics commence, this funding will be **further enhanced from 0.2 FTE to 0.3 FTE** at both the RCH and the MCH. Options for optimising efficient use of funding through utilising Medicare rebates for outpatient appointments will be investigated.
- 3.1.9** The role of the Healthy Hearing Paediatrician will include providing **consultancy, liaison and education to health professionals across Queensland**.
- 3.1.10** Through the multidisciplinary clinics, the Clinic Co-ordinator/s will assist in trialling **tele-health** consultations for children in regional areas in collaboration with regional specialists.
- 3.1.11** As part of the development of the multidisciplinary clinics, the Clinic Coordinator will work with **Australian Hearing** to explore viable processes for their regular participation in clinics.

3.1.12 As part of the development of the multidisciplinary clinics, the Clinic Coordinator will work with **Genetic Health Queensland (GHQ)** to explore viable processes for their involvement in the multidisciplinary clinics. Initial discussions suggest that participation by a GHQ Geneticist might be in the order of one session per month, alternating between RCH and MCH.

3.1.13 From February 2011, enhanced funding will be provided to the Deaf Children Australia Parent Mentor Program to trial the involvement of a **Parent Mentor presence at the multidisciplinary clinics** at the RCH, MCH, and TGH.

3.1.14 Consideration will be given to a **Speech Pathologist** attending the multidisciplinary clinics to discuss general issues relating to communication development with families whose child has recently been diagnosed with a permanent hearing loss.

3.1.15 The Clinic Coordinator will be responsible for developing a system of **universal multidisciplinary and multiagency case conferencing**. The intent of the case conferencing process will be to ensure that:

- all children and families access the range of appropriate services, within appropriate timelines, in the early days after diagnosis; and
- the progress of individual children is monitored and that the findings of this process are considered in light of the range and extent of services they are accessing relative to their specific needs. Integration of the outcomes of the Healthy Hearing Monitoring Protocol for individual children will be one important element of this process.

In regional areas, an appropriate process for case conferencing will be developed in collaboration with the Healthy Hearing Teams. See 3.4.5 below for details relating to Healthy Hearing Teams.

3.1.16 The Clinic Coordinator will be responsible for developing systems for continuous review and improvement of the multidisciplinary clinic processes.

3.1.17 Processes will be established to provide relevant data to the Healthy Hearing Program regarding specialists engaged with; assessments completed; and clinical outcomes, such as: hearing loss aetiology; CMV test results; and timing of appointments relative to specified benchmarks.

3.2 COCHLEAR IMPLANTS

To ensure timely access to cochlear implantation for eligible children, funding has already been allocated for:

3.2.1 22 additional cochlear implants recurrently. The funding for these additional implants is being held by the RCH and will be allocated to the RCH and MCH as they are needed.

3.2.2 8 additional cochlear implants for children at the MCH who already have a unilateral cochlear implant to receive a second cochlear implant. This will ensure that children who attend the MCH have equivalent access to bilateral implantation as those children attending the RCH.

- 3.2.3 8 extra cochlear implants for children at the MCH in 2011 – 2012 if needed.
- 3.2.4 2.0 FTE HP positions at both the RCH and MCH to support assessment and therapy of children who use a cochlear implant.
- 3.2.5 As noted above, a project officer will also be appointed in Townsville to determine the viability of providing a cochlear implant MAPPING service in Townsville.

3.3 AUDIOLOGY

The Discussion Paper proposed inviting Australian Hearing to participate in the multidisciplinary clinics. The subsequent consultation process identified significant support from Australian Hearing to explore this possibility further. Other professionals also recognised this as a very positive opportunity for families and professionals. It is proposed that:

- 3.3.1 Further discussions occur between Australian Hearing and the Healthy Hearing Program to select at least one site to trial the involvement of Australian Hearing within a multidisciplinary clinic at either the RCH or MCH.
- 3.3.2 The relevant Clinic Coordinator will then:
 - 3.3.2.1 work directly with Australian Hearing to establish appropriate processes to ensure development of effective and efficient administrative and service delivery processes that are sustainable over time;
 - 3.3.2.2 work with relevant hospital staff to ensure Australian Hearing staff have adequate access to clinical space and resources whilst ensuring that hospital services can continue to be provided effectively and efficiently; and
 - 3.3.2.3 work with Australian Hearing and the relevant hospital to establish processes for continuous review and improvement of processes.

3.4 EARLY INTERVENTION

The consultation process identified a multitude of issues influencing current access to optimal early intervention services for children across Queensland. The following plans will be implemented to progress responses to a range of these issues:

- 3.4.1 The Healthy Hearing Program will undertake a process of **service mapping** to establish a baseline of services available to children with a permanent hearing loss in Queensland.
- 3.4.2 An **audit of services** being accessed by Queensland children who have a permanent hearing loss is soon to commence. The findings of the audit will be available in early 2011. This information will assist further service development in the future.

3.4.3 Funding will be provided immediately for a **1.0 FTE HP5 position** (until 30 June 2011, with the possibility of an extension to 31 December 2011) to be **based at the RCH**. This role will be responsible for a number of service developments:

3.4.3.1 In consultation with other relevant services and professionals, develop a **protocol for early intervention** which will serve as a framework for determining the appropriate extent and mix of early intervention services for children who have a permanent hearing loss. Processes for developing individual Early Intervention Plans and integration of outcomes of the Monitoring Protocol for individual children will be reflected in the protocol design and processes developed.

3.4.3.2 Work with relevant services to determine the most appropriate provider and approach to delivering **Auslan training programs** to the parents and extended family of children under school-age who have a permanent hearing loss and who wish to learn sign language; and

3.4.3.3 Undertake an analysis of the **training needs** of Queensland Health early intervention providers and identify options for accessing appropriate training.

3.4.4 The Healthy Hearing Program will progress **discussions with Education Queensland** regarding:

3.4.4.1 the **current services** provided by Queensland Health and Education Queensland to children under school-age who have a permanent hearing loss;

3.4.4.2 the possible **future roles** for each Department with respect to the early intervention protocols that are developed; and

3.4.4.3 the possible **development of formal arrangements and agreements** with regard to **future service delivery** to children under school-age who have a permanent hearing loss.

3.4.5 As a trial, and subject to agreement from other service providers, the Healthy Hearing Program will facilitate the establishment of **multidisciplinary, interagency networks** (provisionally named Healthy Hearing Teams) in three non-metropolitan sites. This process will not commence until February 2011 when it is anticipated that the service mapping process (3.4.1) and discussions and service planning with Education Queensland (3.4.4) will be completed. The Healthy Hearing Program will support and oversee this trial process. The Healthy Hearing Teams will:

3.4.5.1 identify all children under school-age who have a permanent hearing loss within a defined geographic area;

3.4.5.2 monitor the progress of all children in the geographic area;

3.4.5.3 utilise the early intervention protocols to assess the amount, type, and relevance of the early intervention options available to each child; and

3.4.5.4 where it is determined that a child does not have adequate access to appropriate services to fulfil their developmental potential, make a request to the Healthy Hearing Program to secure resources to enhance service access.

3.4.6 Systems for determining appropriate approaches and funding models for ***supporting the broader developmental and behavioural needs*** of children across Queensland who have a permanent hearing loss will be developed before 30 June 2011. This process will be informed by the findings of the survey of early intervention services being accessed by Queensland children under school-age. Consultation will also occur with existing early intervention providers in the hearing loss sector as well as other government and non-government developmental and behavioural support services.

4. OVERSIGHT OF EARLY INTERVENTION SERVICE DEVELOPMENT

To ensure the effective implementation of the interim planning, the Healthy Hearing Program will:

4.1 Establish an Early Intervention Committee including:

- the Healthy Hearing Program Manager;
- the Healthy Hearing Program Project Officers involved in:
 - overseeing the multidisciplinary clinic/process development;
 - undertaking service mapping and discussions with Education Queensland;
- the Clinic Coordinators at the RCH and/or MCH and Townsville Hospital; and
- the Project Officer at the RCH undertaking protocol development and training needs analysis.

The Healthy Hearing Program is currently in the process of re-establishing an expert advisory group. The Healthy Hearing Early Intervention Committee will report to this advisory group.

4.2 Recommend that the RCH, MCH, and TGH each establish a working group to be chaired by the Clinic Coordinator (or an appropriate alternative professional) to facilitate the integrated development of new service systems and processes. As noted above, the chairs of each of the local working groups will be asked to participate in the Healthy Hearing Early Intervention Committee.

A timeline for the implementation of the plans detailed above is provided on the following page.

