

South Australian Paediatric Cochlear Implant Program

Model of Care version 1.2

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Contents

Acknowledgement of Country	3
Purpose of this document	4
Context and Background	5
Introduction / Models of Care	7
Guiding principles	7
WCHN Paediatric Cochlear Implant Program Model of Care	
1. Governance / Management	8
2. Formal and responsive multidisciplinary process to discuss candidacy.....	9
3. Cochlear Implantation Surgery	10
4. Cochlear Implantation post operative care, activation and progress.....	10
5. Patient and family experience.....	12
6. Roles and responsibilities to partner with external providers who provide a proportion of care	13
7. The workforce required to deliver the model of care.....	14
8. Facilities / Equipment	16
9. Transfer of Care.....	17
10. Education and training.....	18
11. Telehealth	18
12. Patient/Family, External Providers and Other Feedback and Complaints.....	19
13. Research and evaluation	19
14. Deaf Community	19
References / Reports / Example Models of Care.....	20
List of key terms.....	21



Acknowledgement of Country

English

We acknowledge this land that we meet on today is the traditional lands for the Kurna people and that we respect their spiritual relationship with their country.

We also acknowledge the Kurna people as the custodians of the Adelaide region and that their cultural and heritage beliefs are still as important to the living Kurna people today.

We also pay respects to the cultural authority of Aboriginal people visiting/attending from other areas of South Australia/Australia.

Kurna

Ngadlu tampinhi yalaka ngadlu Kurna yartangka inparrinhi. Ngadludlu tampinhi, parnaku tuwila yartangka.

Kurna Miyurna yaitya yarta-mathanya Wama Tarntanyaku, parnaku yailtya, parnaku tapa puru purruna. Kurna Miyurna ithu yailtya purruna, yarta kuma puru martinhi, puru warri-apinhi, puru tangka martulayinhi.

Kuma kumartarna Yaitya Miyurna ngadludlu tampinhi iyangka yalaka. Parnaku yarta kumartarna yarta Kanthi Partu-arra kuma Warrunanguku.

For recorded version of Acknowledgement of Country in Auslan:

[Acknowledgement of Country. Auslan and SA version](#)



Purpose of this document

The purpose of this document is to describe the Model of Care for the South Australian Paediatric Cochlear Implant Program. It is intended for use by Women's and Children's Health Network and may be used by others needing information on the model.

The Model of Care places the child and their family/caregiver at the centre of service arrangements. The Model aims to provide a template for a best practice paediatric cochlear implant program in South Australia as per the current literature. The Model provides a service pathway from the point of referral for Cochlear implant assessment through to post-operative rehabilitation and includes the staffing, equipment and reference to procedures to deliver services to Cochlear Implant recipients and their families/caregivers. The roles of the various agencies involved in the cochlear implant pathway will be outlined as well as their respective inputs along the cochlear implant timeline.

This model of care has been co-designed with consumer advocates and staff in response to recommendations of the Independent Governance Review into the Women's and Children's Health Network Paediatric Cochlear Implant Program and the NextSense Independent Review Summary report of May 2024.

The Model of Care will be reviewed on an annual basis to ensure consistency with current evidenced based best practice.



Context and Background

Context

The role of the WCHN Cochlear Implant program is to provide multidisciplinary support for children and their families who want the opportunity to improve their child's hearing and spoken language with implantable technology. However, we also recognise the benefit of Auslan (and other sign languages) and bilingual skills to best support the total communication needs for some children and their families. When setting communication goals with families the Cochlear Implant Program team will discuss the positive impacts for the child and family in using Auslan (or sign equivalent) to help connect them more strongly within the deaf community and to ensure that the child is offered opportunities that enables choice and participation in deaf self-respect.

Background

The Independent Governance Review of the Women's and Children's Health Network (WCHN) Paediatric Cochlear Implant Program, August 2023 (see [SA Health Cochlear Implant Review](#)) identified the importance of the Multidisciplinary Team and a structured process for the Cochlear Implant Program to monitor children's progress and outcomes and for critical reflection on clinical findings.

Recommendation 8 of the review states that WCHN must, "*Clearly map the current and future required capacity of the Paediatric Cochlear Implant Program following:*

- *Confirmation of the appropriate model of care.*
- *Confirmation of the staffing profile to adequately deliver the model of care and deal with the patient load.*

Additionally, the Review team in recommendation 11 identified the requirement to "*review and document the model of care to ensure that it describes how care will be provided including but not limited to:*

- *Clearly articulated roles and responsibilities of the Women's and Children's Health Network and the external providers as partners in care. This should include limitations of care at the Women's and Children's Health Network if parents choose to transition care to the external provider/s.*
- *The process for the transition of care between the Women's and Children's Health Network and the external provider/s.*
- *The seamless pathway into and out of the tertiary provider and how concerns can be escalated when they occur.*
- *The workforce required to deliver the model of care."*

(Recommendation 11 of the Review)

Further, the Review stated in Recommendation 12 that the Women's and Children's Health Network must ensure *a formal and responsive multidisciplinary process to discuss candidacy, implantation, progress and when requested by the carer or family facilitate the transfer of care* (Recommendation 12 of the Review).



WCHN undertook a national and international review of Models of Care in Paediatric Cochlear Implant programs including:

- Literature review
- Evidence gathered from other models to inform the proposed model
- Discussions with key personnel and websites on models

A summation of findings is best described in the Quality Standards by Cullington et al (2023) "*CI care is typically provided by a single CI service, with some services working in close partnership with other providers. It is ensured throughout the CI care pathway, which includes pre-implant assessment, surgery, device programming, rehabilitation and equipment maintenance. Information about a patient should flow easily throughout the pathway in order to ensure safe and effective patient management*".

The Independent Governance Review of the WCHN's Paediatric Cochlear Implant Program also stated the model of care should consider:

- Formal and responsive multidisciplinary process to discuss candidacy.
- Cochlear Implantation and progress WCHN clinical procedures describing the CI program delivery.
- Roles and responsibilities of the Cochlear Implant Program to partner with external providers who provide a proportion of the care.
- Patient / Family Choice of Care and Transition of care procedure / pathways
- The workforce required to deliver the Model of Care. Roles and responsibilities of staff.
- WCHN's Cochlear Implant Program governance or terms of reference.

Supporting the recommendations of the Independent Governance Review is the findings and recommendations of the NextSense Summative Report: WCH Cochlear Implant Paediatric Review 2023, May 2024

NextSense recommendations state WCHN should "Review current service models, clinical guidelines and protocols to align with contemporary evidence-based best practice standards" (page 8).



Introduction

Cochlear implantation is a multidisciplinary therapy that involves the surgical implantation of an electrode array into the cochlea to provide direct electrical stimulation of the auditory nerve. Cochlear implants are designed for individuals who are deaf and hard of hearing to compensate for moderately severe to profound sensorineural or mixed hearing losses. Cochlear implants bypass the non-functioning part of the auditory system to deliver electrical signals directly to the auditory nerve. Studies have shown that cochlear implantation and subsequent programming of the device is a recognised safe and effective procedure.

The WCHN Paediatric Cochlear Implant Program is a South Australian public health statewide program for children and their families before, during and after having cochlear implant surgery. The program is open to all referred children and is funded from the South Australian State Government and the Federal Government.

Models of Care

Models of care are used in a variety of healthcare settings to provide guidance and direction on how to successfully deliver services to the population served.

Guiding Principles for WCHN Cochlear Implant Program

The following overarching principles guide the WCHN Cochlear Implant Program:

- safe, measurable quality care for patients and their families that is informed by high-quality staff training, guidelines and evidence,
- patient centred, integrated care and case management,
- services will be accessible, responsive and personalised to meet the needs of a diverse population (Cullington H. E. et al 2023),
- goal directed,
- defined by a shared decision-making process that explicitly includes patient, family/caregiver preferences in care planning (Implementing the Comprehensive Care Standard ([safetyandquality.gov.au](https://www.safetyandquality.gov.au)),
- benchmarked standardised outcome measures and evaluation processes,
- continuous quality review and improvement,
- blended service models combining both in-person and virtual contacts, to enhance flexibility and capacity whilst maintaining quality of care (Cullington H. E. et al 2023),
- respect for deaf culture and signed languages as a vital contribution to the rich diversity of languages (Deaf Australia).
- efficient utilisation of resources.



WCHN COCHLEAR IMPLANT PROGRAM MODEL OF CARE

The WCHN Paediatric Cochlear Implant Program is a South Australian public health statewide program for children and their families before, during and after cochlear implant surgery, including ongoing support for patients with cochlear implants up to the age of 18 years. A specialised multidisciplinary team provide a safe environment where patients and their families/caregivers are treated with skill, care and dignity, addressing individual needs including cultural and language needs. The program aims to improve lifelong hearing, communication and quality of life for children who are deaf or hard of hearing and their families. The program is based at the Women's and Children's Hospital with services delivered in regional, rural and remote areas.

The Program is person and family oriented and relies on child and parent/caregiver involvement in decision making and partnering in care.

Referral to the service can be received from a Medical Practitioner, SA Newborn Screening Program or another audiology service. Referrals are triaged as Priority 1 for ENT specialist review.

The Cochlear Implant Program provides medical, audiological, acute diagnostic speech pathology services and psychosocial supports and collaborates with external early intervention and education providers to offer comprehensive care for cochlear implant children and their families/caregivers. Contacts with external providers will be based on individual need and can be requested by the patient, family or care provider at any time.

Using a systematic and coordinated approach with strong governance the program will continually evaluate best practices, make improvements and contribute to specialist knowledge through networking, education and research.

Specific elements of the Model of Care

1. Governance / Management

A management committee, comprising senior staff from each cochlear implant specialty together with consumer advocates, guides the direction of the Cochlear Implant Program including the systems, processes and ongoing measures to continually strengthen the program. Consumer representation on this committee is considered fundamental to meeting the needs of the community.

- The Committee has key responsibilities for ensuring effective, continuous safety and quality improvements and accountability for Cochlear Implant Management. Including:
 - Oversight of the implementation and evaluation of Cochlear Implant Program Model of Care.
 - Addressing issues relating to cultural and clinical aspects of care and management.
 - Developing effective and sustainable partnerships.
 - Oversight of Key Performance Indicators relevant to the service including health outcomes of consumers as reported.
 - Oversight of the Program consumer feedback and evaluations completed.



- Providing strategic leadership to support expansion and future succession planning.
- Developing and reviewing strategies to deliver a quality, safe and responsive healthcare service, which is sustainable and strives to improve outcomes for children with CI implants and their families.
- Developing effective and positive partnerships, engaging internal and external stakeholders to ensure we are responsive to the CI community needs, and optimise the WCHN's full potential.
- Ensuring interpretation and understanding of information from a hearing-impaired perspective.
- Development of safe and effective pathways and management processes for patients, their families' and staff to escalate concerns or grievances.

The Management Committee reports activities to the Executive Director Sub Acute and Allied Health.

2. Formal and responsive multidisciplinary process to discuss candidacy

Candidacy is the multidisciplinary process to gather appropriate information so that a decision can be made about the suitability of implantable hearing devices for an individual. A recommendation can then be given to the child and their family/caregivers along with sufficient information to allow the individual family to make an informed decision about their options.

Recent observations and review of literature suggest that cochlear implantation should proceed as early as possible once audiological information is verified and consistent. Additional observations must be considered for all children including anatomical variations of the cochlea and eighth nerve, additional disabilities and/or medical conditions, family motivation, goals, and capacity to provide support (Leigh, J.R. et al 2016).

The Clinical Procedure: Paediatric Cochlear Implant Candidacy outlines the criteria for Cochlear implant candidacy for children referred to the Cochlear Implant Program. This candidacy criteria are based on the research and guidelines of the Royal Victorian Eye and Ear Hospital Australia (RVEEH, 2021), Queensland Children's Hospital Hearing Implant Program (2021), National Institute for Health and Care Excellence, United Kingdom (NICE, 2019) and the American Cochlear Implant Alliance Task Force (ACIA, 2022).

Cochlear implant candidacy is determined through:

- the child / family contributing to the informed decision-making process,
- assessments and/or findings of other agencies that may be engaged with the child's care,
- assessments, medical imaging and discussion by the WCHN Cochlear Implant Program Team (formal meetings held monthly) to evaluate each child against the candidacy criteria related to their clinical presentation,
- confidential case discussion with peers in other paediatric Cochlear implant programs where the team requires additional support to determine candidacy,



Ultimately, the decision to proceed with surgery is the child's, parents/caregivers. Where the family decides not to proceed, WCHN will continue to support the child's needs without prejudice or judgement, as required.

3. Cochlear Implantation Surgery

Cochlear Implant systems (implants and processors) offered by WCHN include Cochlear and Medel. This may change with the introduction of new technology.

3.2 Prior to Surgery

Clearance will be provided on the medical suitability for surgery, including anaesthesia. Surgical booking is completed by ENT surgical services Administration.

The Surgical Services Equipment Co-ordinator will order the Cochlear Implant and processor. The family will be consulted regarding type of implant and colour preferences.

3.3 Immediate Post Operative Care

Surgery will usually involve an overnight stay in the hospital.

4. Cochlear Implantation post operative care, activation and progress

The post-operative programs aim to help children and their families/caregivers assimilate the cochlear implant into their daily lives. Support will be provided in the areas of:

- education regarding the use of the implant and sound processor hardware,
- hearing optimisation from regular map/programme checks,
- development of listening and communication skills,
- evaluation of progress against expected outcomes and individual goals,
- social and emotional support for patients and families adjusting to the implant,
- otological review.

(Royal Victorian Eye and Ear Hospital, 2023).

Hearing and speech and language progress (dependent on age and abilities of individual children) is determined through regular clinical appointments:

- Each clinician is responsible for ensuring they have adequate clinical history to inform their assessments,
- Audiological assessment of Mapping, Functional Listening Assessment, aided testing and speech perception across acute and post-acute phases. Speech pathologists will work in close collaboration with the audiologist during appointments to validate findings for all children including children under five (5) (Independent Governance Review, 2023, page 43),



- ENT medical specialist review,
- Patient and family/caregiver feedback and input are gained at each appointment and documented in the clinical record,
- Evaluation of goals with the child and family at all stages.

Clinical Procedure:

Appropriate audiological, standardised speech perception and quality of life measures through validated questionnaires and general feedback will be undertaken at regular intervals and reported in the medical record to enable progress to be monitored. It is recommended that the full battery of tests is completed during the first 12 weeks and at 6, 12 and 24 months post-implantation. Once stabilised (verification that the MAP providing good access to sounds and minimal changes made to MAP over three (3) reviews), assessments will occur at a minimum every six (6) months. Listed below is a recommended test battery for review appointments:

- Child / parent/caregiver feedback;
- Aided audiogram minimum – ≤ 35 dB HL;
- Aided Speech perception tests: (calibrated testing material, including calibration tones);
- Documented details of 7/7 Ling detection (as age appropriate) ;
- Speech Perception progress with age-appropriate speech perception – e.g., MJWL, CUNY, CNC, BKBs - test in quiet and in noise;
- Pre vs post operative comparison of functional listening assessment - evidence of progress; dependent on individual circumstances this may include:
 - FLIP
 - PEACH / TEACH
 - Other questionnaires
- Data logging reported (recommended minimum 80% of waking hours whilst establishing auditory and language goals (Wiseman. K., et al, 2021);
- Questionnaires, including quality of life, music appreciation and tinnitus questionnaires (if applicable);
- Annual speech and language assessment (generally completed by an external provider supporting speech and language development) up to 18 years of age.

Additional assessment and testing can be completed as deemed necessary by any member of the team or at the request of patient or family/caregiver. Staff must be cognizant of over assessment and maintaining a positive relationship with the child and family.

The referrer and external providers will receive written reports on progress as required (see section 6).



Post operative care scheduling – Audiologists and Speech Pathologist

1. First 12 months post implant

1.1 Audiologist and Speech Pathologist for all appointments during acute phase (first 12 weeks) plus 6-month reviews OR until stable MAP is achieved.

1.2 Audiologist only at 9 months.

1.3 Audiology and Speech Pathologist scheduled separately for appointments at 12 months.

2. Maintenance Phase

2.1 For children under 5 years of age and children with complex needs over 5 years of age

Two clinicians scheduled for all appointments (i.e. Audiologist and Speech Pathologist OR Audiologist x 2) Audiologist must have paediatric experience in under 5-year-olds.

2.2 For children over 5 with no complex needs

Audiologist x 1 with at least 2 different Audiologists across 2-year period.

Expected outcomes for each appointment is described in the Clinical Procedure: Paediatric Cochlear Implant Program Post-Operative and Ongoing Care including escalation processes where outcomes are not as expected.

5. Patient and family experience

The Cochlear Implant Program aims to provide a service that meets the needs of all patients and their families. Changes to practice and patient information will be co-designed with patient representative groups and evaluated to ensure they achieve their aim.

The program staff will actively seek feedback and suggestions for improvement and act upon these where possible. (See section 13 Patient/Family, External Providers and Other Feedback and Complaints).

Patients, families/guardians will be provided with information during the candidacy process and after implantation. Children and young people will be included in discussions wherever appropriate and supported to participate in decision-making and be active partners in their care (Cullington H.E., et al, 2023).

Information for patients and families/guardians will include resources about cochlear implants, the treatment process, on-going care and support groups and self-help organisations, including Deaf community organisations. Information on after hours support will be provided to families.



Families/caregivers can request case conferences where they seek clarification or further information regarding their child's care.

Information will be accessible to patients in a language that is appropriate to their preferred method of communication, including availability of interpreting services for any patient contact (face to face or remote).

Service flexibility will ensure person-centred care. Audiology services to regional, rural and remote areas will be provided in a blended approach (i.e., face to face or virtual). Shared decision-making between the team and the patient/family will be used to plan the frequency of patient contact (scheduled or on-demand) according to patient needs. Services will support patients/families to self-manage their cochlear implant care and equipment (Cullington H.E., et al, 2023).

Child/ Family Choice of Care

The Cochlear Implant Program recognises some families may wish to engage private services to support their child's ongoing audiological management. Families may choose to do this at any point post-cochlear implant surgery. WCHN acknowledge this decision is the responsibility of families.

The family should discuss their choice of care with the ENT surgeon or audiologist to ensure there is informed choice and appropriate arrangements are agreed for continuity of care.

The Cochlear Implant Program aims to make the process for the transition of care between the WCHN and the external provider/s as seamless as possible. Clinical Procedure: Transfer of Paediatric Cochlear Implant Audiology Care to Private Providers describes WCHN responsibilities for safe transfer of care.

WCHN will maintain ENT medical specialist services for paediatric cochlear implant patients, where a private specialist is not used.

The Cochlear Implant Navigator role coordinates enquiries to and from families and / or external providers where information is required to support continuity of care.

Families can choose to re-engage with WCHN Cochlear Implant Program services at any time.

6. Roles and responsibilities of the Cochlear Implant Program to partner with external providers who provide a proportion of the care.

All members of the Cochlear Implant Program team will meet on a regular basis to ensure effective communication thereby ensuring a quality service for each patient/family. Ideally, the agenda will include opportunity for clinical as well as program discussions. (See section 1 Governance / Management).



Contact will be maintained with the referring agent and relevant external professionals providing services for the child/family. The Cochlear Implant Program team will liaise with other agencies providing care, as appropriate including the following:

- Early Intervention providers,
- Educational services, (including Teachers of the Deaf),
- External providers and community services,
- Other hospital departments particularly in the case of children with significant co-morbidities,
- Medical imaging; wards, ambulatory care etc.,
- Local/national agencies as relevant (e.g., manufacturers),
- Relevant jurisdictional bodies (e.g., Department of Child Protection).

Contact with external services will be made with the consent of the patient/family and as required by the child and their family/caregiver; external provider or WCHN Cochlear Implant Program team.

WCHN recognises interprofessional communication to support case management of children with cochlear implants is crucial to providing high-quality, safe health care leading to improved patient outcomes and to the collective competence of the care team. Therefore, relationships with external providers are considered to be partners in care while acknowledging the responsibility for service provision and outcomes remains with the child, family/caregiver chosen care provider. Regular case conference discussion with other care providers is considered essential to ensure children receive the tailored support they need to thrive.

Clinical Procedure: Cochlear Implant Program - Case Conference describes the roles and responsibilities of WCHN to ensure communication pathways with external providers for children undergoing pre-implant candidacy assessment and/or for children with cochlear implants who are receiving cochlear implant services at WCHN.

7. The workforce required to deliver the model of care.

The WCHN Cochlear Implant Program will determine workforce requirements based on annual expected and projected work demands and workforce situation analysis.

The current Cochlear Implant Program workforce includes:

- ENT specialist surgeons
- Audiologists, including the Cochlear Implant Navigator
- Speech Pathologists
- Family Support Coordinator
- Administrative staff.

The Cochlear Implant Program Team is supported by WCHN services that contribute to improved outcomes for the child and their family/caregiver.



Interpreter services will be made available for children and family/caregivers as required. In addition, cultural safety will be considered and as required support from cultural liaison officers will be provided.

A comprehensive assessment of workforce needs is made on an annual basis and will include review of succession planning as required. Skills, experience and knowledge requirements for differing classifications of staff are included in WCHN Role Descriptions.

The Cochlear Implant Program Team

- Ear Nose and Throat specialist surgeons provide medical guidance and decision making. ENT specialists have specific training in cochlear implantation. The responsibility for cochlear implantation and all completed diagnostic procedures remain with the surgeon. Review of FTE particularly in relation to administrative time may be required. The Quality Standards for Cochlear Implantation in Infants, Children and Young Adults state the ENT team will consist of a minimum of 2 surgeons experienced in otology and Cochlear Implant surgery (Martin & Raine, 2013). The surgeon will comply with the recommendation of a minimum of 10 Cochlear Implant surgeries annually.
- Audiologists: qualified to post-graduate level and hold an accredited Master of Clinical Audiology or similar qualification. Audiologists provide clinical experience within the field of cochlear implantation, together with knowledge and understanding of the multidisciplinary areas within the program. Based on current (2024) demand a minimum requirement of 4.6 FTE plus 1 FTE Audiology Services Manager is recommended to provide services, maintain implantation expertise and ensure adequate leave coverage.
- Cochlear Implant Program Navigator is qualified to post-graduate level and holds an accredited Master of Clinical Audiology or similar qualification. The Navigator is a core team member and the single point of contact for patients, families and external providers seeking information regarding the cochlear implant patient pathway. Based on current (2024) demand a minimum requirement of 1.0 FTE is recommended for this position to ensure ongoing streamlined program communications.
- Speech Pathologist: qualified to post-graduate level and hold an accredited bachelor's or master's degree for Speech Pathology. Based on current (2024) demand a minimum requirement of 2.0 FTE is recommended to ensure appropriate input into the program, to maintain expertise in the cochlear implant area and for adequate leave coverage in the service.
- Family Support Coordinator qualified as a Social Worker or similar with experience working with children and their families the Family Support Coordinator, provides consultation and support to families whose children may be eligible for, or who have received cochlear implants. Complex case management may be referred to WCHN Social Work department. Based on current (2024) demand a minimum requirement of 0.6 FTE is recommended to ensure appropriate input into the program.
- Administration staff provide expertise in clinic scheduling and general administrative responsibilities. Based on current (2024) demand a minimum requirement of 1.0 FTE is recommended for this position to ensure ongoing services care for patients.



Clinical team members will attend regular training in developments in cochlear implantation and diversity affirming awareness and practice. All team members will have a plan for their continuing professional development. All team members will be trained in 'deaf awareness' and practical aspects of communicating with deaf people, as part of their induction.

All professionals must be suitably qualified, and credentialed as per the relevant corporate procedure:

- Credentialing and Defining Scope of Clinical Practice of Allied Health Professionals; or,
- Credentialing and Defining Scope of Clinical Practice for Medical and Dental Practitioners

Newly appointed Allied Health members of the team must complete a knowledge and skills matrix relevant to their role to identify an appropriate program of orientation/induction, training and supervision provided by relevant experienced members of a cochlear implant team.

- Consumer Advocates

The Cochlear Implant Program will also encourage contributions from consumer advocates including those with lived experience of deafness and cochlear implants. This can be either personal lived experience or as carer/family of someone with a Cochlear Implant.

- External Providers

External providers (where relevant) are considered as part of the Patient and family/caregiver team at all stages of a child and family's cochlear implant journey. Ensuring appropriate care planning is inclusive of relevant external providers is considered essential to achieve defined goals.

8. Facilities / Equipment

Facilities for children will be accessible, safe, suitable, (including for patients with comorbidities), family friendly and be suitable for a Deaf population. Waiting areas will include the provision to alert the patient/family that the clinician is ready to see them.

All audiological equipment will be calibrated annually to Australian Standards. Audiological equipment will be assessed as the standards specify, as required and undergo a daily on-site system check of soundproof booths where hearing levels are assessed must comply with Australian Standards for ambient noise.



Audiology Suites

Audiological testing will be performed in soundproof booths calibrated at least an annual basis.

The Cochlear Implant Program will have facilities available to conduct the following:

- Pure tone audiometry
- Sound field audiometry
- Tympanometry
- Acoustic reflex threshold
- Otoacoustic emissions
- Speech perception testing
 - In quiet
 - In noise
- Cochlear implant programming equipment and fitting software
 - Neural Response Telemetry (NRT)
 - Impedance telemetry
- Electrical Evoked Stapedial Reflex Testing (ESRT)

Access to other audiological and medical assessments including:

- Auditory evoked potentials
 - Auditory Brainstem Response (ABR),
 - Auditory Steady State Response (ASSR),
- Aided cortical auditory evoked potentials,
- Magnetic Resonance Imaging (MRI),
- Computerized Tomography scan (CT scan),
- X ray imaging.

Patient Equipment replacement

Demonstration equipment is available to discuss options and assist families as required.

A range of loan devices and spare parts and batteries will be held by the Cochlear Implant Program for emergency replacements as required by families.

9. Transfer of Care

Transfer of care refers to a change in service provider, such as a change between LHNs or an external private provider. This will generally occur if the child/family is moving from South Australia, the family choose to move to a private provider (see section 5 Child/ Family Choice of Care), or the young person is reaching 18 years of age and requires ongoing management in an adult service.



Transfer will be collaborative and well supported, with the child and family at the centre of the process.

Transfer of Paediatric Cochlear Implant Audiology Care to Private Providers describes the process and information required for safe continuity of care.

10. Education and training

Education and training for clinicians will be integrated with delivery, be flexible and accessible, including use of telehealth facilities. There will be a focus on providing training and education to develop skills for cochlear implant management, paediatric management and with clinical associates.

Clinicians will require ongoing training in updated hardware and software. Clinical competency will be maintained via a combination of peer support, manufacturer clinical assistance, and reflective practice as part of Continuing Professional Development.

Clinical mentoring will be provided for staff at both the local level and from nationally recognised experts in paediatric cochlear implant programs. Mentorship investment is aimed to build staff confidence and practical on-the-job skills. It is recognised that clinical mentoring assists to build culture, effective communication, collaborative working and skill acquisition and learning transfer. (SA Health 2014).

Professional development requirements will be commensurate with corporate procedures; Credentialling and Defining Scope of Clinical Practice for Medical and Dental Practitioners and Credentialling and Defining Scope of Clinical Practice of Allied Health Professionals.

In addition, it is expected that Audiology staff working in the Cochlear Implant Program maintain advanced paediatric certification with Audiology Australia. For Audiology staff joining the program it is expected they demonstrate they are working towards advanced paediatric certification with Audiology Australia. The requirement to maintain certification will be revised as part of the annual credentialling process.

It is recognised that actively participating in the training of future ENT medical specialists and allied health professionals is an important aspect of the Cochlear Implant Program and relevant relationships with universities will support this process.

11. Telehealth

Telehealth capabilities will be implemented within the program to embed flexible access to consumers and /or external providers to allow care to be delivered close to home. This is especially important for children, adolescents and families that reside in rural and regional areas of South Australia, who are often required to travel for treatment, causing financial burden, disruption of family routines and schooling.



12. Patient/Family, External Providers and Other Feedback and Complaints

Documentation provided by the Cochlear Implant Program will include information about the feedback procedures within the WCHN and other relevant services. This information is available in multiple languages. Patient and carer feedback is managed according to Corporate Procedure: Complaints Management at the Women's and Children's Health Network and will be systematically collected to inform service review. Information regarding feedback and complaint management is provided to families and external providers on the Women's and Children's website www.wch.sa.gov.au.

13. Research and evaluation

The WCHN Paediatric Cochlear Implant Program will seek opportunities to participate in research that will contribute to the development of knowledge in the field and provide quality improvement and evaluation of current services. WCHN will draw from a wide range of services and universities to support ongoing research.

Research will be integrated across the lifespan to increase visibility, increasing the likelihood of research partnerships.

14. Deaf Community

The WCHN Paediatric Cochlear Implant Program recognises that the Deaf and hard of hearing communities are diverse and contains a variety of groups, organisations and extended networks. WCHN Paediatric Cochlear Implant Program will:

- Provide information to consumers regarding Deaf organisations which focus on advocacy, information and services.
- Engage with organisations for Deaf and hard of hearing Australians to build our own capacity.
- Support social policy that advocates childhood intervention strategies, including strategies emphasising the benefits of bimodal bilingualism, are provided at the earliest opportunity, so that children are given the best chance to achieve age-appropriate developmental progress and the associated lifetime benefits.

The WCHN Cochlear Implant Program is committed to creating an inclusive and accessible environment for everyone by practicing a philosophy that advocates deafness as a positive culture. WCHN Cochlear Implant program will advocate together with community organisations to support language policy that is inclusive of the diverse population of deaf children and their families.



REFERENCES

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Key Terms

Evidenced Based Best Practice	Evidence-based Best Practice (EBP) is the use of current best research and evidence in conjunction with clinical expertise and patient values to guide health care procedures, protocols and decisions
External Providers	A service/care provider, that is used by a patient their family/caregiver to provide alternative or supplemental care. Examples of external providers include audiologists and or speech pathologists in private practice, educational services providers, Teachers of the Deaf' early intervention service providers External healthcare providers are not WCHN employees. WCHN works in close collaboration with an individual's external providers.
Key Performance Indicator (KPIs)	A quantifiable measure of performance over time for a specific objective. KPIs provide targets for teams to measure and review progress, and insights that help staff across the organisation make better decisions.
Multidisciplinary	A multidisciplinary team (MDT) is a group of health and care staff who are members of different professions that work together to make decisions regarding the treatment of individual patients and service users.
Partnering in Care	<p>Person-centred care is globally recognised as the gold standard approach to healthcare delivery. Partnering with patients in their own care is an important pillar of person-centred care. It focuses on the relationship between a consumer and a clinician, and recognises that trust, mutual respect and sharing of knowledge are needed for the best health outcomes.¹</p> <p>Partnerships with patients comprise many different, interwoven practices – from communication and structured listening, through to shared decision making, self-management support and care planning.</p> <p>(Australian Commission on Safety and Quality in Health Care)</p>
Deaf or hard of Hearing	All-encompassing term to represent all culturally Deaf and hard of hearing people. https://deafaustralia.org.au/ https://deafconnect.org.au/about-us

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