Cochlear implant referral – Crystal report

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The Champions - British Academy of Audiology | British Academy of Audiology

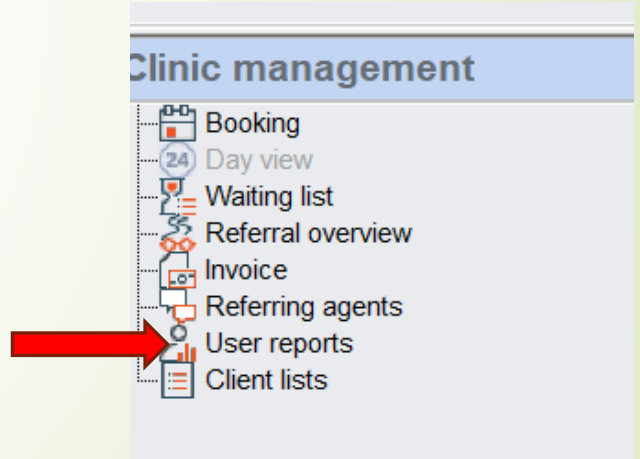
The Role of the Champion

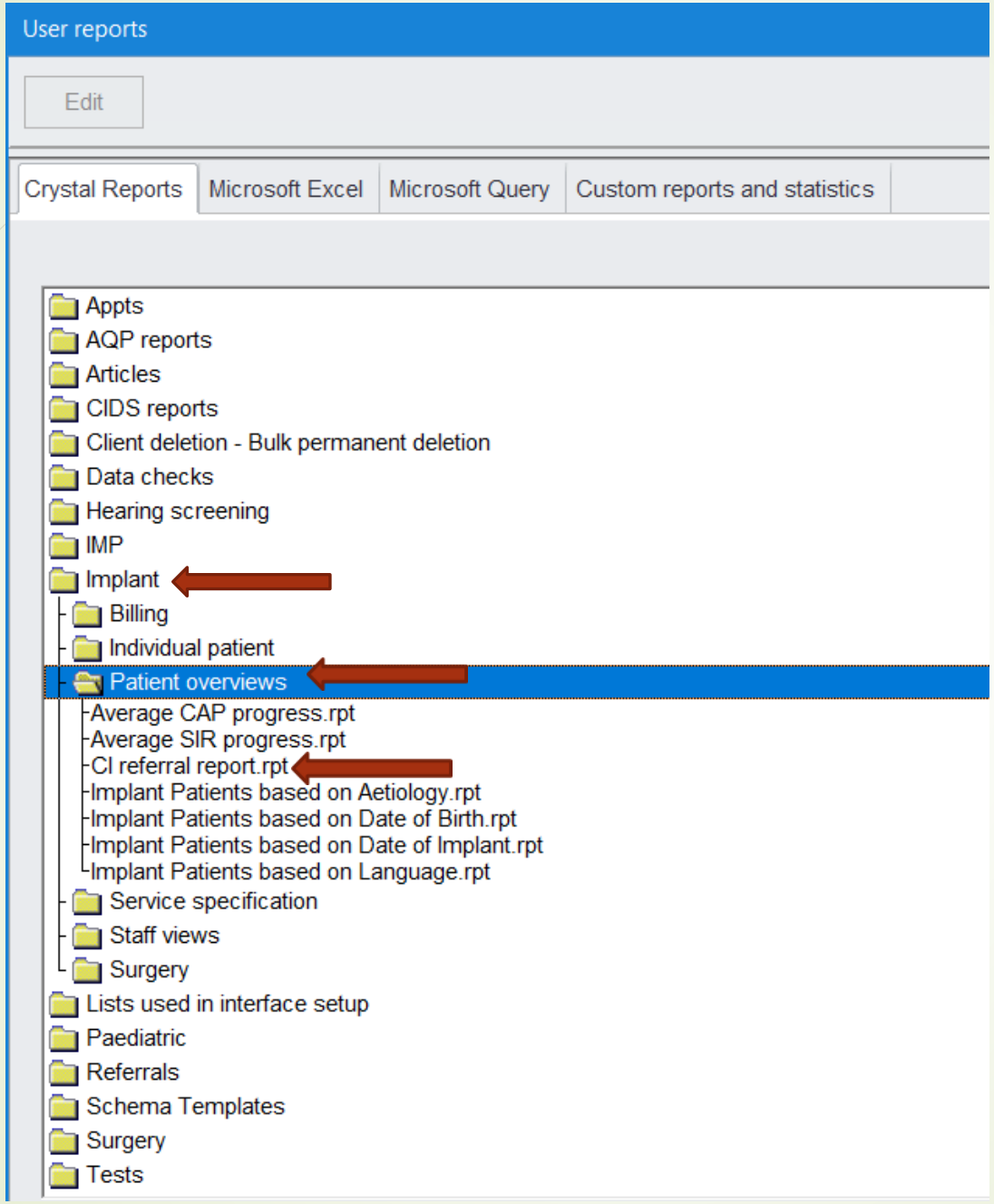
- Monitor implant referrals in your service.
- Share audit results regularly with your team

Where to get information on how to run the report:

1. Have a look at the documents provided:
- Auditbase – Cochlear implant Referral Report
- Generic guide for downloading and installing Crystal Reports in Auditbase.
- Presentation from BCIG 2024 – on Website

2. They can be found here:
Clinic Management > User Report





> **Implant**

> **Patient Overviews**

> **CI Referral report**

How Audits were used in this site:

Overall
58% of appropriate patients had a documented CI discussion undertaken.
42% of appropriate patients did not have a documented CI discussion.
Site A
72% of appropriate patients had a documented CI discussion undertaken.
28% of appropriate patients did not have a documented CI discussion.
Site B
35% of appropriate patients had a documented CI discussion undertaken.
65% of appropriate patients did not have a documented CI discussion.

Learning points are

- Not all of the Site A and Site B teams correctly identified those eligible for CI discussion.
- Time pressure is preventing some discussions. Those where discussion was deferred / listed not completed due to time are included (n=6)
- The outcomes are significantly different depending on which site a patient is seen at.

Recommendations are

- To analyse data by site going forwards
- To consider re/introduction of CI section in Site B notes templates. This would support better understanding of reasons why Cis are not discussed.
- To continue to audit monthly, monitoring for changes

Further Audit in December 2024

Overall

66% of appropriate patients had a documented CI discussion undertaken.
34% of appropriate patients did not have a documented CI discussion.

Site A

83% of appropriate patients had a documented CI discussion undertaken.
17% of appropriate patients did not have a documented CI discussion.

Site B

41% of appropriate patients had a documented CI discussion undertaken.
59% of appropriate patients did not have a documented CI discussion.

Learning points are:

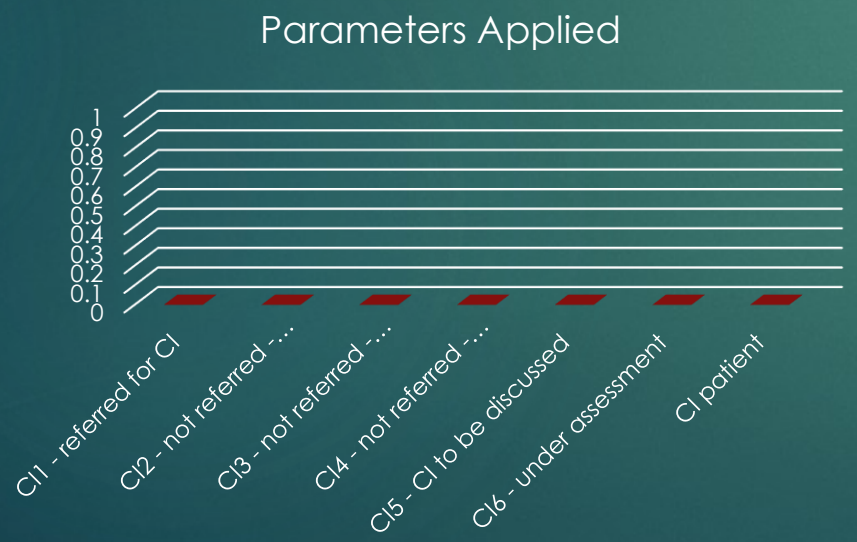
- Not all of the Site A and B teams correctly identified all of those eligible for CI discussion.
- It is possible some CI discussions are not documented.
- Time pressure is preventing some discussions.
- The outcomes remain significantly different, depending on which site a patient is seen at.

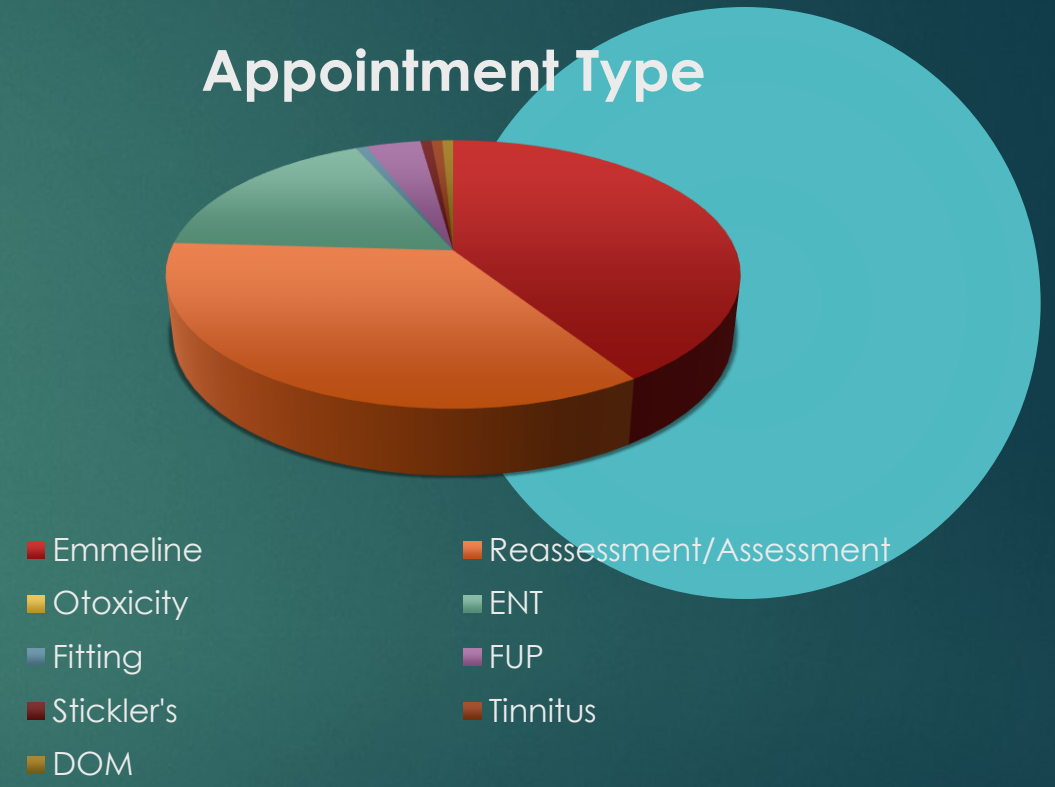
Recommendations again:

- To continue to analyse data by site going forwards
- To consider expanding the use of the CI section in the Site B notes templates. This could support a better understanding of reasons why Cis are not discussed.
- To continue to audit monthly, monitoring for changes

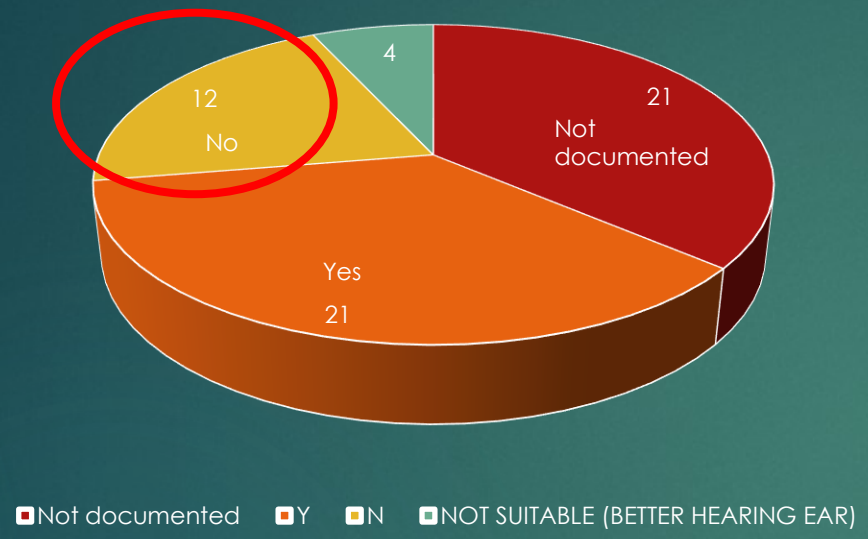
Statistics July23-Sept23

- 137 patients
- 58 patients were seen in Audiology clinic
  - Remainder were seen in Emmeline / ENT

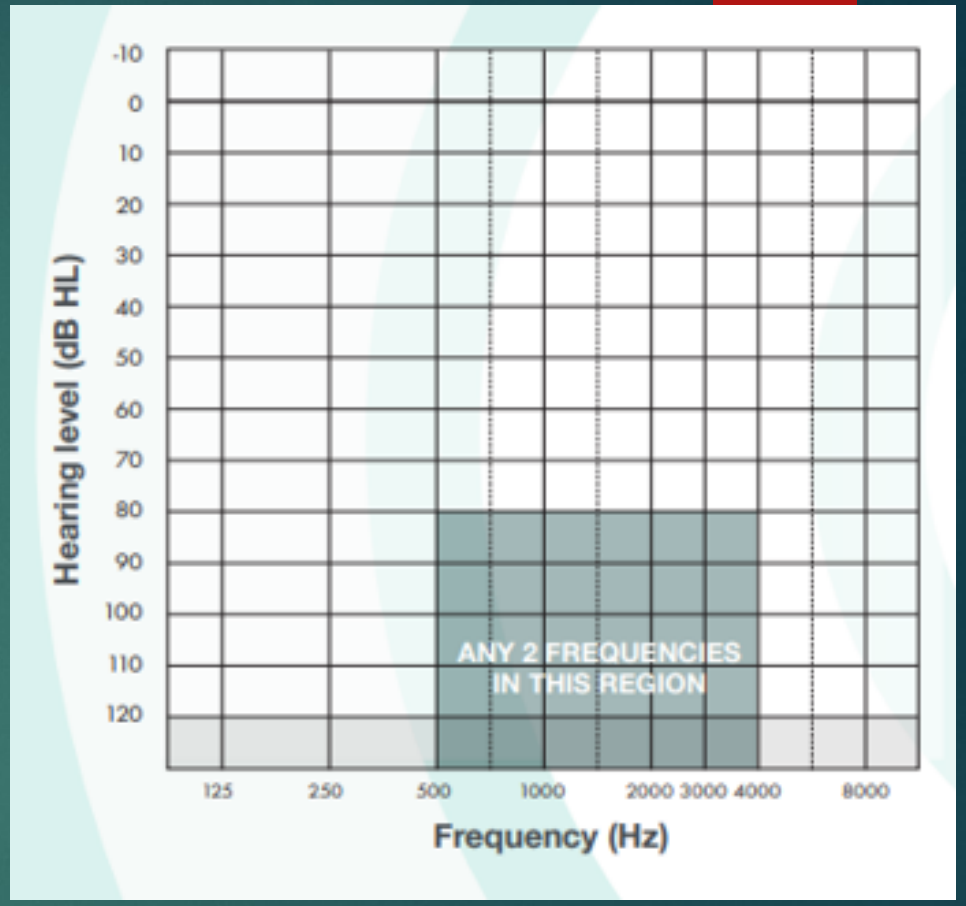




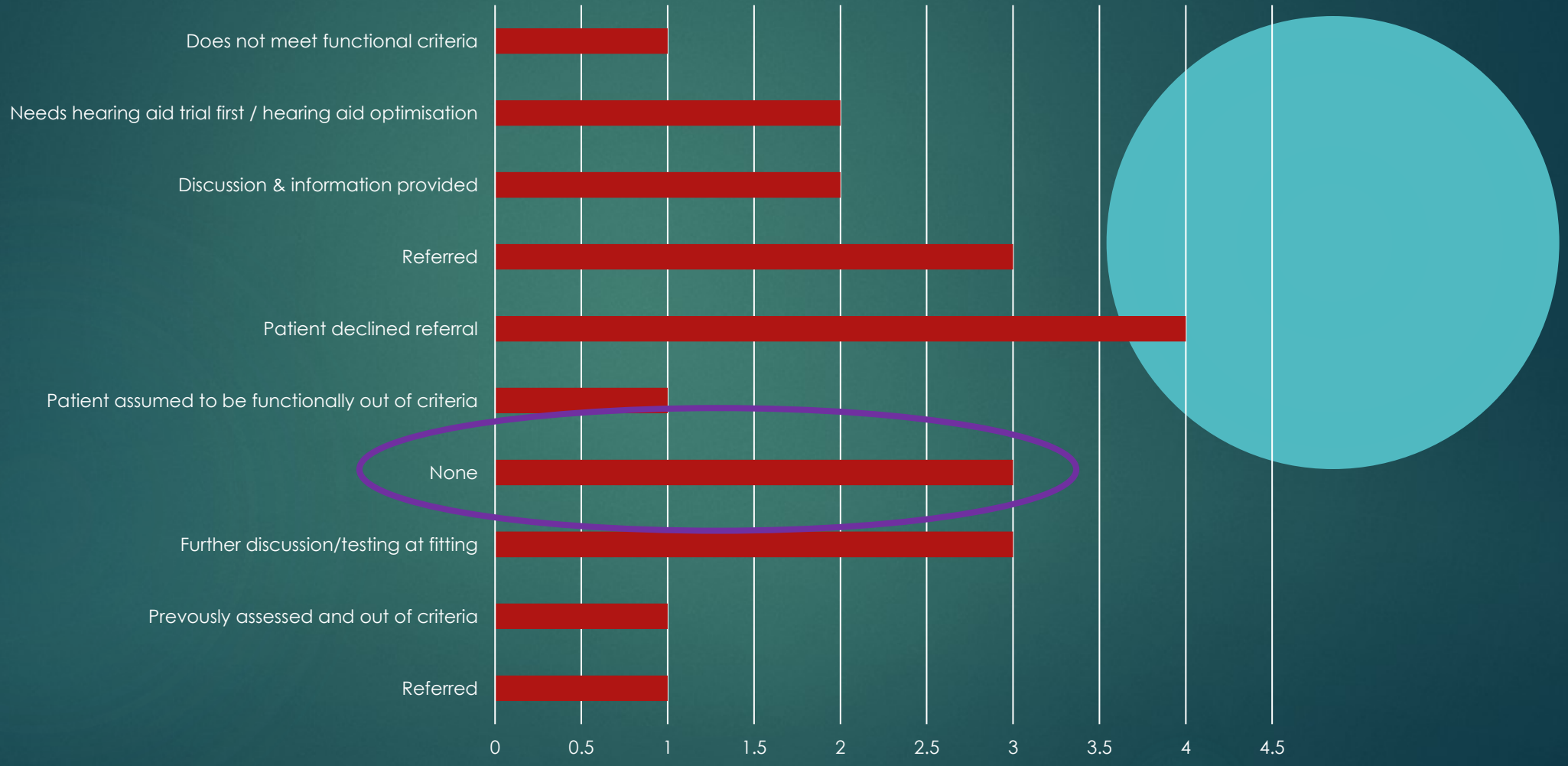
Did the clinician identify patient as being CI candidate (N=58)



=/> 80dB at any 2 frequencies between 500-4000Hz in the BETTER ear



Outcomes of appt for patients identified as CI candidates (N=21)



Take Home Messages

- Please make sure you are familiar with the CI referral criteria
  - Poster in each room with criteria + parameter reminder
- If you do not discuss CI and you know that the patient is suitable, please make sure there is a plan in place to discuss at a later date
- Don't make assumption that patient is doing fine/too well for referral
  - Consider conducting aided speech testing screen / request for FUP in S-P clinic for this to happen
  - S-P patients often do not realise what they are not hearing and therefore what they may gain with CI

Take Home Messages

- Suggestion to include detail in the journal as to why the patient has declined CI referral to inform any future discussions
  - Can help start a new conversation at a later date from a different angle
  - Can stop inappropriate future conversations (eg: Big D)

- If further discussion intended at next appointment, make it clear in the notes to ensure this happens

Challenges for 2025 & beyond:

- Different patient management systems are being used – so how services gather and Audit referrals may need to change
- There are always new clinicians graduating and joining services so this information is always new to someone!
- Continually exploring new ways to engage the clinicians who have heard this information before
- Making sure you engage with your CI centres so that you stay up to date with changes with implants and processes.
- And your Mentor about the quality of the referrals received.