British Cochlear Implant Group

BRITISH ACADEMY OF AUDIOLOGY

Service development: Audit complete. What next?

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Context about me

Worked in University Hospital Bristol for 2 years, NHS Tayside for 11 years.

Senior Audiologist for 6 years.

Adults: Severe to profound (S&P), Special Adult Rehabilitation (SAR), Cognition and Hearing, Electrophysiology.

Paediatric: Electrophysiology (Newborn and older), Assessment, Aural Rehabilitation

No CI centre attached to NHS Tayside- 1 CI centre for the whole of Scotland

Registered to the BAA CI Champion scheme in 2021.

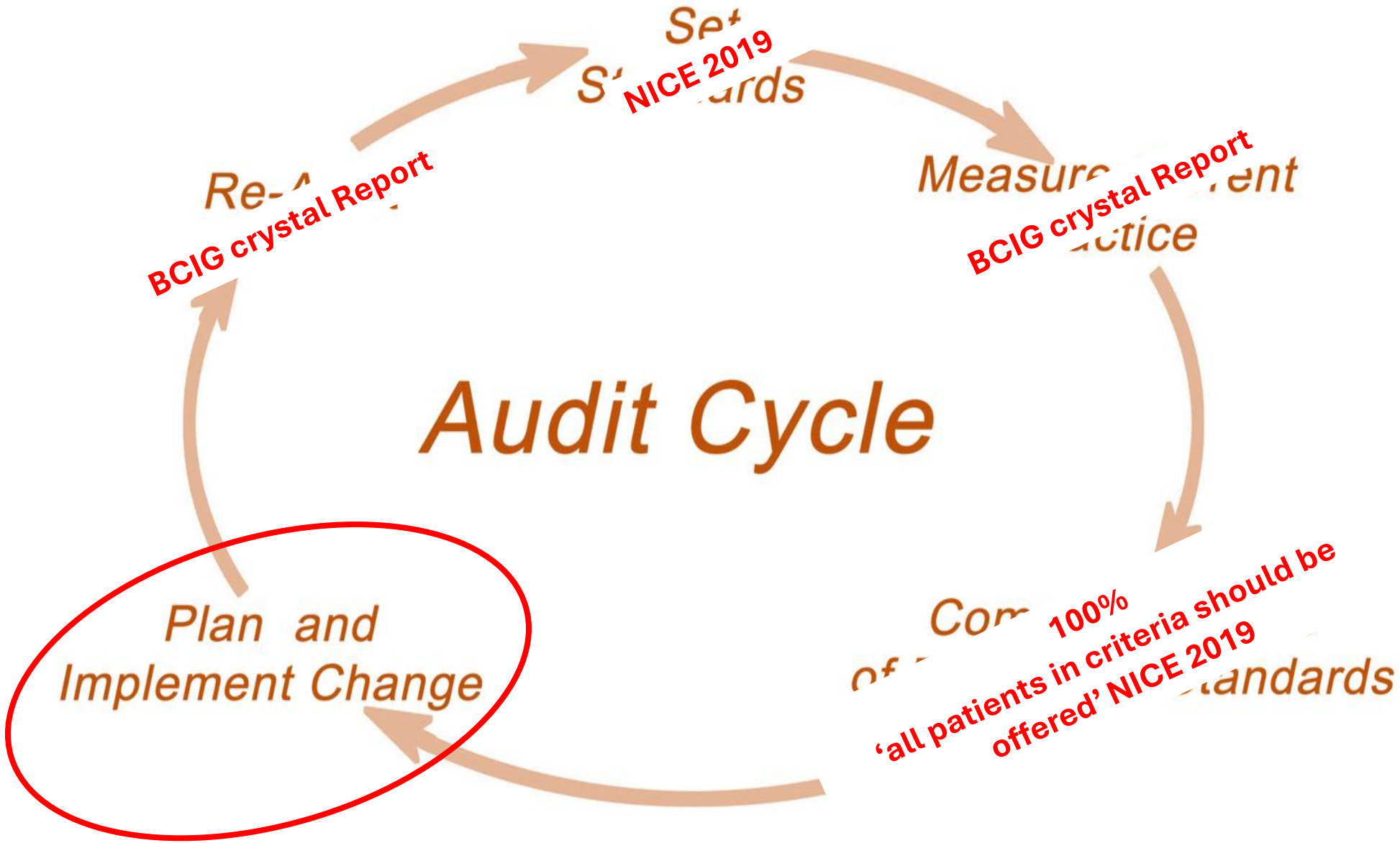
Prior to CI champion- knew this was is a viable treatment option for a large proportion of the patients I was treating day to day

BUT had limited knowledge / lacked confidence to discuss CI

Responsibilities of the Champion

- Dedicate at least 1 hour per week to this scheme.
- Monitor implant referrals in your service.
- Audit the quantity and quality of implant counselling in your service.
- Share audit results regularly with your team.
- Build a relationship with your local implant service.
- Offer training and support to everyone in your department.
- Attend the annual CI Champion training sessions at the BAA or BCIG conference and engage with online training.

Audit Overview



Audit Overview

- Completed 3 audited cycles using the auditbase crystal report (adults only version)
- Since updating the report to v3 age selection (for the CIRCA 2 study) we have included paediatric patients.
- Previously, paediatric patients referred for CI were documented on a client list
  - to monitor/keep track of progress
  - limited our ability to identify the patients we may have missed) but

2023/2024 sample = 84 (6 month period)

Data pulled from S+P clinics only

2024/2025 sample = 46 (6 month period)

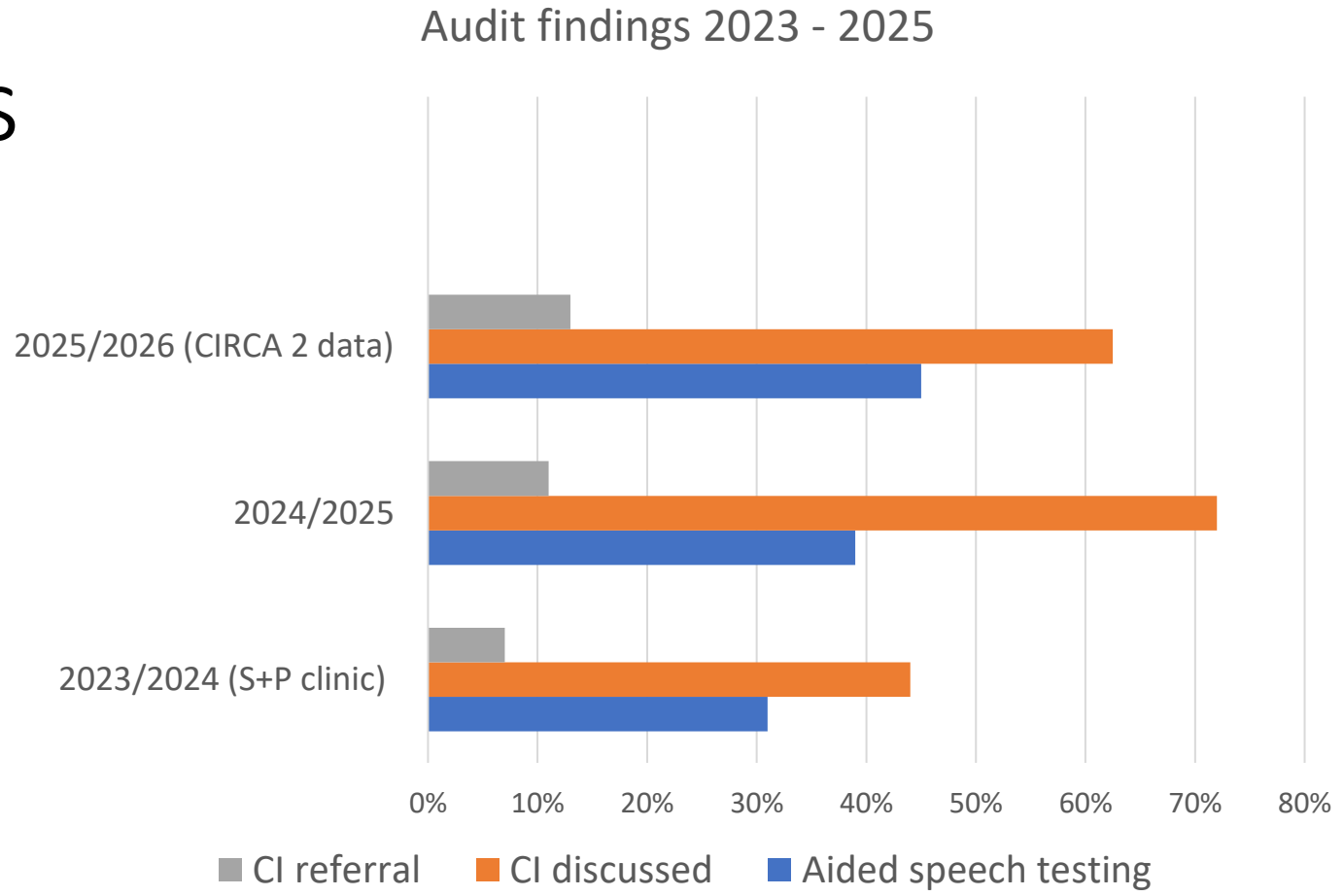
Data pulled from S+P clinics only

2025/2026 sample = 193 (6 month period)

CIRCA 2 data collection (July to December) larger sample size as all patients from the crystal report v3 included Paediatric and Routine clinics.

Audit results Adults

Year	Aided speech testing	CI discussed	CI referral
2023/2024 (S+P clinic)	31%	44% (S+P clinic)	7%
2024/2025 (S+P clinic)	39%	72% (S+P clinic)	11%
2025 (CIRCA 2 data)	45%	62.5% (whole population)	13%



Further training is needed on referring for CI or arranging a further appointment for speech testing.

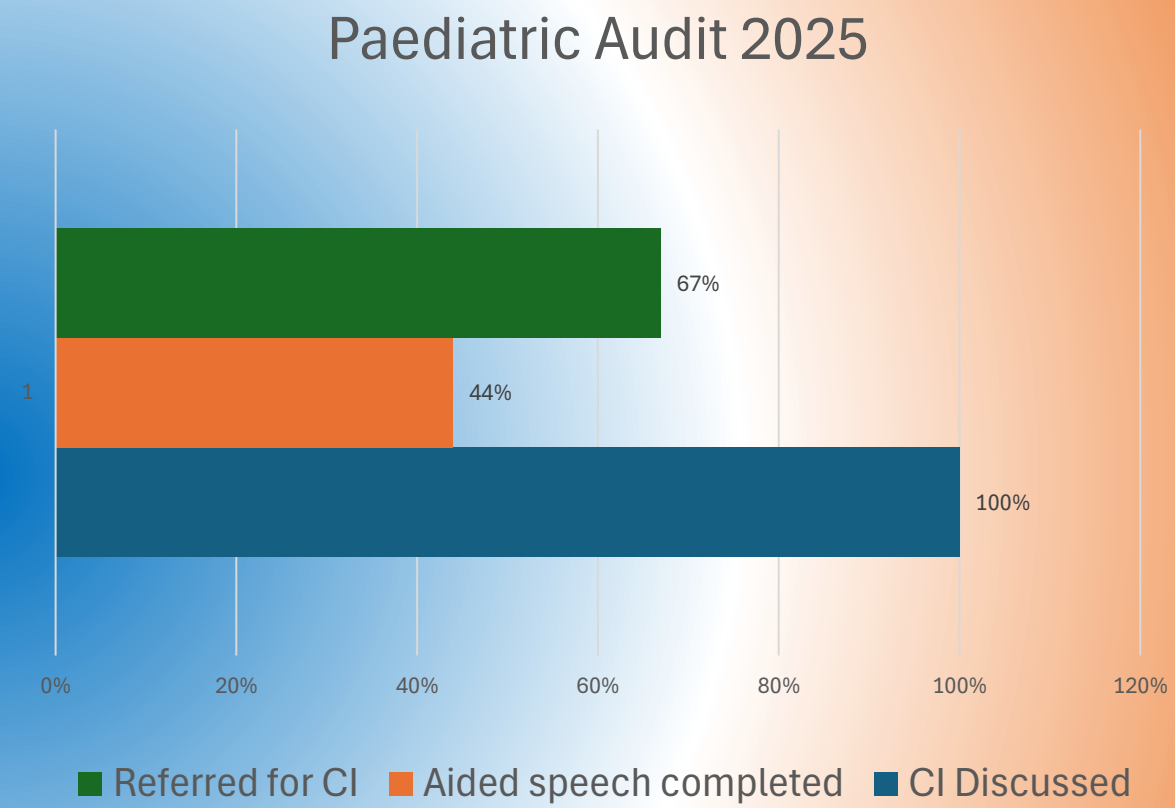
Training needs around S+P and implantable devices highlighted- regular Implant MDT

Documentation and further audits are now easier due to the BCIG CI report parameters

Data is currently affected by incomplete documentation (CI2 vs CI5)- routine clinics

Audit results: Paediatrics (9 children)

Year	CI discussed	Aided speech completed	Referred for CI
2025	100%	44% 2 x babies 2 x English not 1st language 1 x child refused to complete testing	67% 1 x awaiting speech testing 1 x out of criteria 1 x child/family declined



- All families had a CI discussion.
- All children that were able to perform speech testing were completed
- All families who had a discussion and wished for a referral were referred to the local CI team.

Aided speech testing needs to be completed routinely to ensure we correctly identify cochlear implant candidates

We highlighted the “leaks” in the service

- Our routine service. Audiologists are not adhering to the referral criteria for our S+P clinic (>/= 71 dB bilateral PTA average- AB audiogram).
- Progressives that had come into criteria not moved over into the Severe to profound clinic

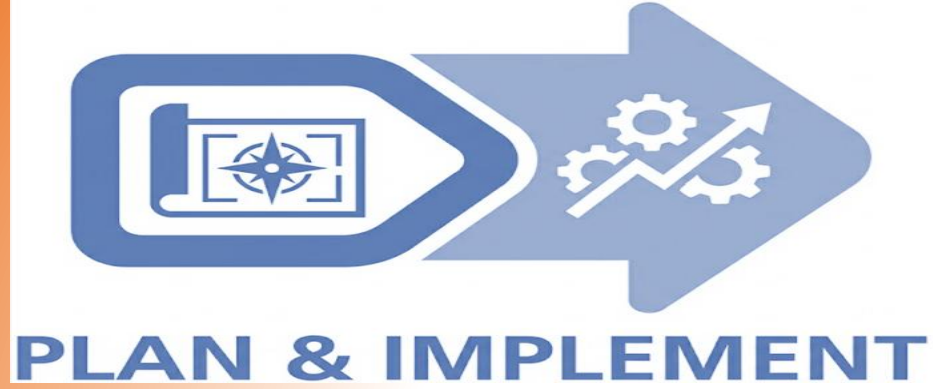
The importance of documenting the reasons is key to understanding clinical decisions

- not completing tests
- why you don’t make a referral
- Patient choice, health, cognition, travel, language barriers??

Newer team members may require additional support with aided speech testing and cochlear implant criteria

Our scores had improved, but further improvement is required to meet the ‘offer to 100%’ target (NICE, 2019).

Further Audit needed on optimally aiding (against new BAA guidance)



Highlighted the “leaks”

- Audiologists not checking PTA average in AB audiogram.
- Simpler way to highlight the need to refer to S+P team?
- Yes! When patients move to higher power aids (Ambio smart 788/Phonak Marvel M70 SP.

aided speech testing needs to be completed routinely on our S+P clinics

Improve documentation

- Journal template changes- addition of CI parameter section
- Addition of: “Patient suitable for S+P referral in hotkey”
- Explain to team why they were needed / how difficult audit was without documentation

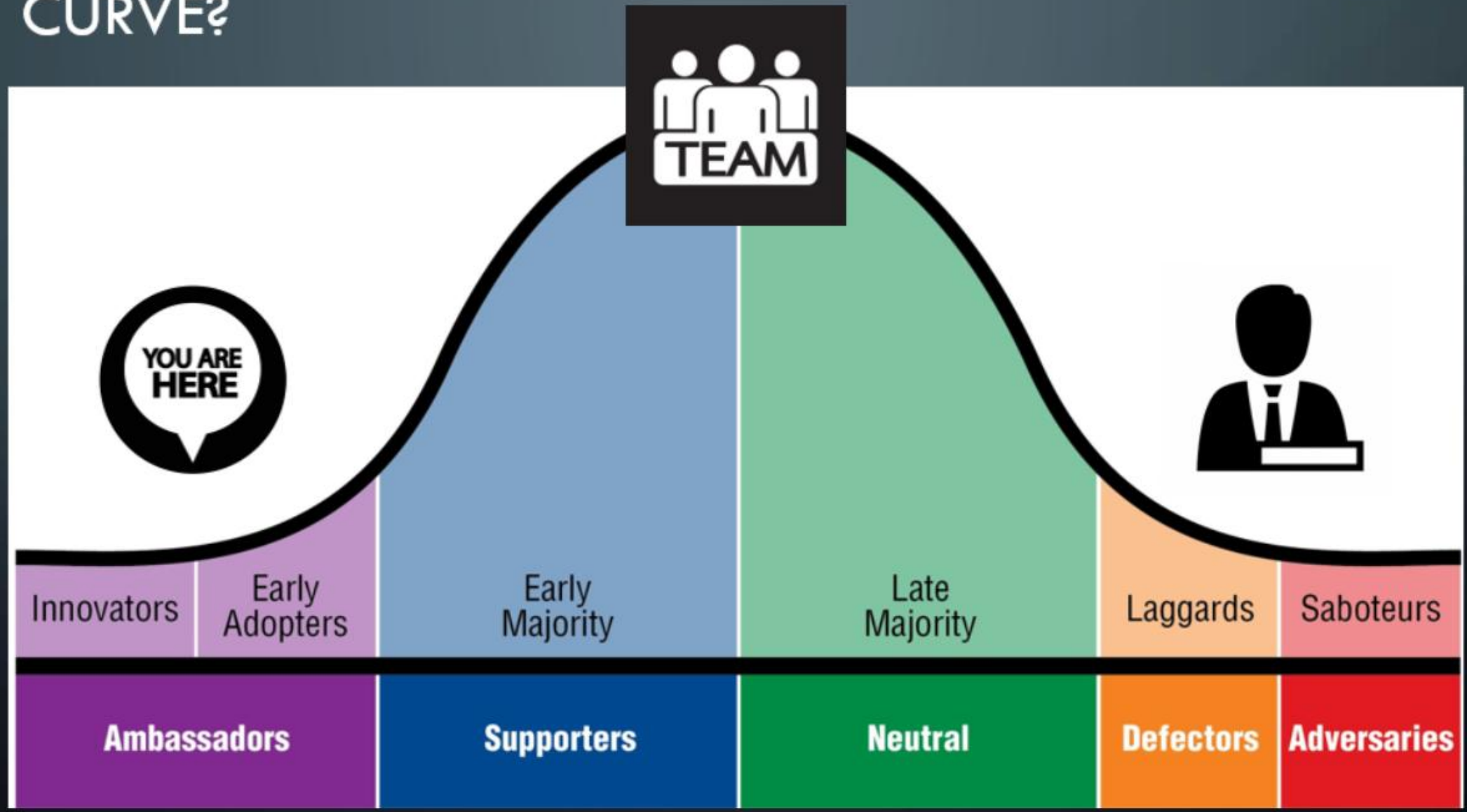
Providing additional support with aided speech testing and cochlear implant criteria

- Staff meeting training (online) regarding our current data. The importance of documentation.
- NICE guideline posters in rooms (laminated)
- Open door for any questions (teams, email, face to face).

Our scores had improved (S+P clinics), but further improvement is required to meet the ‘offer to 100%’ target (NICE, 2019).

- Ensure the team understands ‘what good looks like’
- Explained the NICE guidance to the team.
- Set clear expectation that the aim in 100%.
- Explained it is everyone's job to discuss CI (Accountability)- Not just the S+P team

WHERE WOULD YOU PUT …… ON THE ADOPTION CURVE?



Audiologists…. saboteurs?

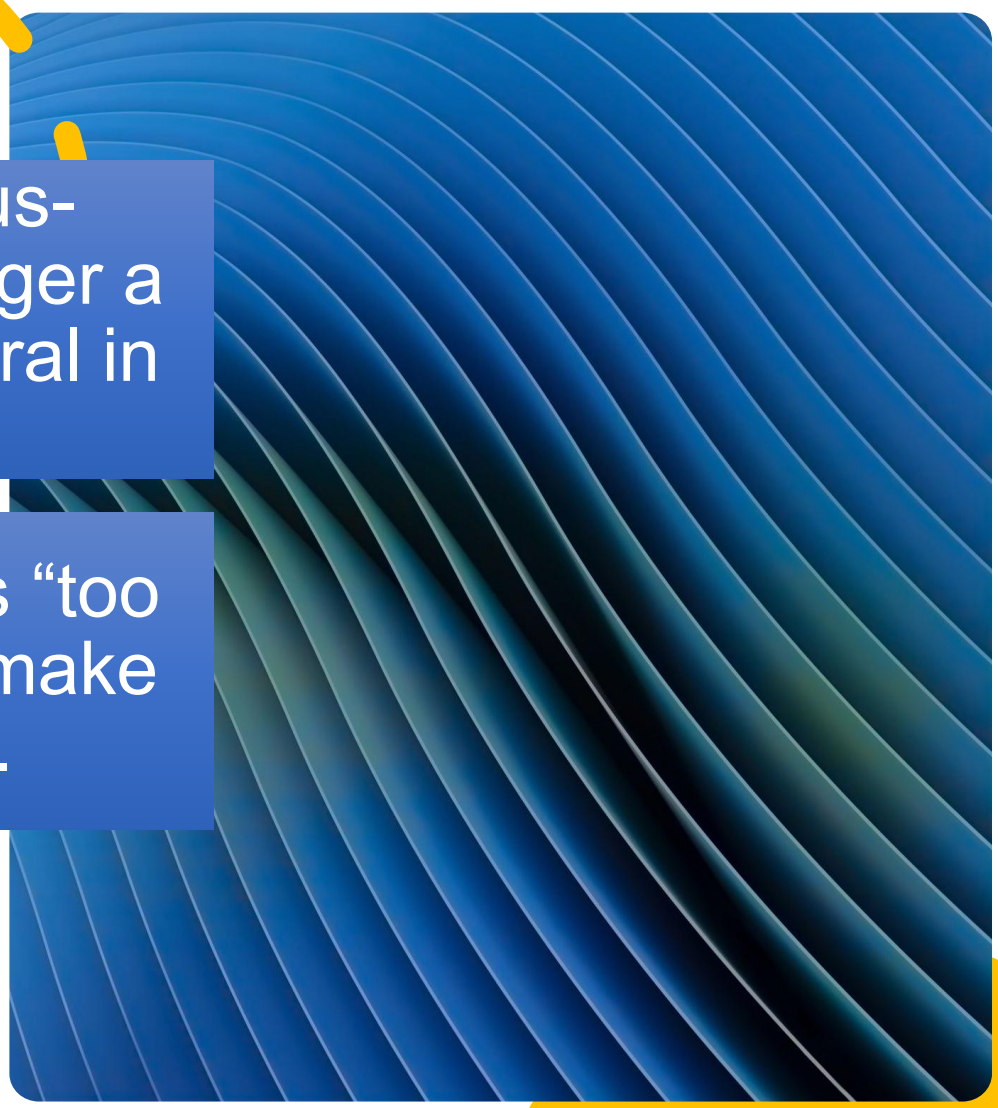
Age- biggest reason for assuming unsuitability.

Cognitive status- Dementia, no longer a rejection for referral in Scotland.

Language- English not 1st language- no a rejection for referral.

General Health is “too bad”- we do not make this decision.

Getting on well enough with conventional aids- “realistic expectations”



INFLUENCING

- Understand people's motivations
- Identify their pain points
- Help to elicit goals and the criteria for success
- Talk through scenarios and options
- Propose the right solutions to meet their needs.

Service level benefits

Without a CI Champion, we would have fewer referrals – therefore we would be in a follow up loop of repeat appointments with many of them instead

Better communication and relationships with the local CI team

The wider team have exposure to Audit, learning transferable skills about ensuring service quality

Highlights training needs resulting in upskilling the team in CI

The team are empowered by being part of the process and the solution

Audit goes towards the evidence folder for IQIPS

Gold standard of care for S+P patients – patients in CI criteria hear better with a CI!

Some thoughts so far…

- The report pulls out a large number of patients who are unsuitable (S+P criteria not met, wearing low power aids- at times slim tube fittings). These patients will not routinely have speech testing completed. Time consuming for data collection/analysis (CI2 or CI5).
- Trying to solve the CI2 vs CI5- performing speech testing for all would create significant questions of capacity for our service.
- As a champion I question if I'm utilising the data in the best possible way (Limitations with IT, excel, am I asking the right questions?)
- Each department will ultimately have different questions they would like answered: should there be more guidance regarding key questions to be answered? Where should we be sending all this data ?
- Support for data analysis and reporting?