There’s more to Quality than 18 weeks

Individual Management Plan Workshop

Simon Unwin, Sian Williams and Sarah Bent

BAA Service Quality Committee Study Day

23rd May 2008
Today’s workshop

- Background to Individual Management Plans and how we use them at Wrexham

Develop some IMPs

- Things that support IMPs
- Are they deliverable/useful?
Aims of management plans

- Designed to “provide organised framework for planning, provision and evaluation...” Karshmer 1991

- “Operate as a vehicle for communication and a record of care given” Griffith-Kennedy & Christensen 1986

- It must be an integral part, not a barrier, to the provision of appropriate care
Individual Management Plans
Where have they come from?

- Used in nursing for many years
  - Nursing care plans
- Both successfully and unsuccessfully
  Ref: Journal of advances nursing 1999 ‘Guide to Practice or ‘load of rubbish’? The influence of care plans on nursing practice in five clinical areas in Northern Ireland
- Main factors for success:
  - Ownership – better if written and delivered by same clinicians/team of clinicians
  - Significantly more successful for specialist services
Why in Wrexham..

- Recognised a need for change..........
- Provide a framework:
  focus more on rehabilitation
  help tackle wider patient needs
- Engage and empower patients:
  Make decisions about care
- Improve record keeping:
  reduce duplication
  maintain consistency
  Assist data gathering (audit and research)
Outcomes

Agreed needs

IMP

Completed actions

Planned actions

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What do they look like (in Wrexham Audiology)?

**Management Plan**

**Agreed Needs:** what is it that you and the patient have agreed that needs to be addressed/managed/rehabilitated

**Planned Actions:** what are you going to do or what are you going to ask somebody else to do to actually attempt to meet these needs

**PLUS**

**Completed Actions:** the actions you actually do at each stage

**Outcomes:** summary of the effects of actions – have they met needs
1 - Agreed needs

What is it that you and the patient have agreed that needs to be addressed/managed/rehabilitated

Management plan

- Employment
- History
- Social situation
- Condition of EC and ME
- Lifestyle
- ? personality
- Hearing impairment
- Disability
- Expectations & motivation

Agreed needs

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Agreed Needs - Examples

- Help SO better understand effects of SNHL
- Investigate conductive hearing loss
- Find cosmetically acceptable solution
- Manage tinnitus to support better sleeping
- Hear daughter more clearly on the phone
- Improve confidence in group situations
- Better understand the effects and implications of SNHL
- Improve comfort of earmould
- Investigate asymmetric hearing
- Hear instructor better in dance class
- Watch dramas on TV with volume set for husband
- Hear colleagues better during meetings at work
- Investigate conductive hearing loss
- Investigate conductive hearing loss
- Investigate conductive hearing loss
- Investigate conductive hearing loss
- Investigate conductive hearing loss
2 – Planned Actions

What are you going to do or what are you going to ask somebody else to do to actually attempt to meet these needs

Specific and directive

Probably written in future tense

Clearly attached or relevant to one or more needs
Planned Actions - Example

Need: Hear daughter more clearly on the phone

- Fit hearing aid with telecoil programme
- Explain the positioning of handset and provide diagrammatic info
- Refer to group rehab session for demo of available telephones
- Refer to SS for ALD assessment
Need: Improve patients confidence in group social situations

- Book appointment for group rehab session
- Provide information on appropriate local support groups
- Provide verbal and written information on likely experiences and hearing tactics
Planned Actions – Example

Need: Improve comfort of ear mould

- Guide pt on correct insertion of EM and provide written info & diag to support
- File and polish EM to remove uncomfortable ridge
- Take new imp of RT ear and order EM made from softer material
- Take new imp of RT ear and order replacement EM
Planned Actions – Example

Need: Improve ability to hear instructor in dance classes

- Take bilateral imps for trial of digital hearing aids
- Provide written and verbal info on hearing tactics and optimising the environment
- Involve SO/dance Partner in understanding effects of HL in such environments
- Consider and advise on use of FM system
3 - Completed Actions

Recording the actions you actually do at each stage

- As opposed to plan to do
- Directly linked to actions

4 - Outcomes

Recording summary of the effects of actions

- Have the actions met the needs?
- Ideally supported by formal outcome measures (GHAB/DP)
Time To Have a go!
Case 1

- 42 year old male
- Referred directly to audiology by GP
- Medical notes show no previous referral to audiology or ENT
Take 5 mins in your groups to think

- What sort of information you need to develop an IMP
- Headings for history
- Other factors

Each group feedback 2 mins each
Case 1. History p1

- **General**
  - Pt attended alone. Self referred via GP. Main difficulties hearing at work over last 12 months.

- **Physical**
  - Vision corrected with glasses
  - Mobility and dexterity good

- **Social**
  - Lives with wife and two teenage sons. No problems with hearing telephone ring or callers at door. Tend to shop and bank on-line so no recent problems hearing for these scenarios. Alarm clock and smoke alarm OK
Case 1. History p2

- **Employment**
  - Fitter by trade - worked on shop floor for 15+ years - no problems.
  - Recently promoted to supervisor - job now involves: training/presenting, management meetings, Q&A sessions with people he supervises/line manages. Hearing problems seem to be mainly at work and since change in role. Management meetings of about 12 people around table - people vary and sometimes struggles. Monday morning meetings with staff are difficult - poor env and lots of people talking/asking questions at once. Problematic as people used to be friends and concerned they think he's changed since promotion.
  - Training sessions in lecture theatre difficult. Has to go back and pass on info and worried he's not understood properly.

- **Lifestyle and associated hearing disabilities**
  - Mainly socialises with family. No signif problem - family tend to understand and adapt.
  - Enjoys attending concerts about 6/year. Goes with same group of friends. Used to go to pub after but struggling more in this environment recently and tending to go straight home.
- Play video clips
Case 1. History p3

- **Medical**
  - Progressive: had minor difficulties for a long time (?since childhood). Seems to have become worse since change in job but really only at work and with unfamiliar groups of people. No real change at home.
  - Asymmetric: no
  - Fluctuating: no
  - Otalgia/ME pathology/surgery: no
  - Ext ear pathology/irritation: no
  - Tinnitus: yes - bilaterally all the time but doesn't notice if busy or distracted. Sometimes keeps awake at night or there if wakes up at night. Recognises it may be linked to 'worry/stress'.
  - Rotational vertigo: no
  - Family History: dad wore HA since middle age
  - Noise exposure: at work but wore hearing protection. At concerts (~6/year)
  - Head Injury: no
  - General Health: well

- **Expectations**
  - Expects to be told he has a hearing loss but hopes hearing can be improved (surgery/medication). See ECHO for further details.
Case 1. PTA
## Case 1. GHABP

### Glasgow Hearing Aid Questionnaire - GHABP

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<th>Situation</th>
<th>Exists</th>
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<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
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<td>3</td>
<td>2</td>
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**First part date:** 09/04/2008

**First part user:** SIAN WILLIAMS

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**BAA Service Quality**

Committee Study Day

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23rd May 2008
## Case 1. GHABP raw scores

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<th>Raw Score</th>
<th>Percentile</th>
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<td><strong>Initial Disability</strong></td>
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<td><strong>Handicap</strong></td>
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<td><strong>Use</strong></td>
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<tr>
<td><strong>Benefit</strong></td>
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<tr>
<td><strong>Residual Disability</strong></td>
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<tr>
<td><strong>Satisfaction</strong></td>
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<tr>
<td><strong>Global Score</strong></td>
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</table>
Case 1. Expectations

- **ECHO scores**
  - Positive effect *6.0 – high* – may expect hearing aids to be able to do more than they can.
  - Service and cost *5.5*
  - Negative Features *5.0 – high* – may be unaware of the potential unpleasant or disappointing effects of hearing aid use.
  - Personal Image *4.7 – low* – may believe hearing aids too conspicuous or make you appear less capable.
Case 1. Otoscopy
Develop IMP for Case 1

You have 10 mins
Case 1 Feedback
10 mins
Case 1 What we thought

- Agreed Needs
- Planned Actions
- Completed Actions
Case 2

- 63 yr old female
- Bilat BE38s
- Referred to audiology via GP
Case 2. History p1

- History prompt sheet

- **General**
  - Pt attended alone. Self referred via GP although encouraged and convinced to attend by daughters. History reflects pt reports following significant discussion. Pt initially reported limited impact of hearing loss

- **Current HA use**
  - Has bilateral BE38s which she uses with some benefit approximately 2hrs/day.

- **Physical**
  - Vision corrected with glasses
  - Mobility and dexterity good
Case 2. History p2

- **Social**
  - Widow - two daughters and 4 grandchildren. Lives alone independently. Does own shopping, banking, household business etc. Has some problems in supermarkets especially if BGN or music. Manages better in local shops where people know her. Can hear doorbell and telephone ring although some friends from church have she's missed their calls. Has caller id on phone and tends not to answer unfamiliar calls as finds it difficult to discriminate unfamiliar speech on the telephone.

- **Employment**
  - Retired school teacher. Part time voluntary work in charity shop which involves meeting and speaking to the public. People tend to mumble a lot and ask questions from around the shop - tending to ask to sort donations in back room to avoid contact with public.

- **Lifestyle and associated hearing disabilities**
  - Goes to church weekly - doesn't hear new priest so clearly but has changed seat and some improvement. Doesn't stay for a chat and coffee as much now as struggling in group conversations.
  - Attends WI weekly - main difficulty with guest speakers. No PA system and big community centre hall. Current President and finding it difficult in 'business' meetings.
  - Stands on committee of local village group and has difficulty hearing questions and discussion from the audience.
  - Feels current social life and voluntary work may be reducing as tending to turn down offers to attend functions and enjoying attending current clubs less.
  - Enjoys socialising with family and going out to restaurants but tending to avoid more recently as finding it increasingly difficult.
Case 2. History p3

- **Medical**
  - Sudden/progressive: progressive
  - Asymmetric: no
  - Fluctuating: no
  - Otalgia/ME pathology/surgery: no
  - Ext ear pathology/irritation: no
  - Tinnitus: no
  - Rotational vertigo: no
  - Family History: no
  - Noise exposure: no
  - Head Injury: no
  - General Health: well, medication for slight hypertension

- **Expectations**
  - Hoping to be told hearing not deteriorated but deep down expects to be told of increasing 'old age deafness'.
Case 2. PTA
## Case 2. GHADP

### Glasgow Hearing Aid Questionnaire - GHADP

<table>
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<th>Situation</th>
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<tr>
<td>Hearing the priest during the church service</td>
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First part date: 09/04/2008
First part user: JANE WILD
Second part date: 09/04/2008
Second part user:  

[Image of a computer screen displaying the questionnaire]
Case 2. GHADP raw scores
Case 2. Otoscopy
- Video clip
Develop IMP for Case 2

You have 10 minutes
Feedback Case 2
5 mins
Changes to support IMP

Type Name | Modified | Modified By | Checked Out To
--- | --- | --- | ---
Journal Entry Template for AR assessments | 6/29/2007 8:49 AM | JANE WILD (AUDIOLOGY) | 
Journal Entry Template for AR CMRC | 5/29/2007 3:56 PM | JANE WILD (AUDIOLOGY) | 
Journal Entry Template for AR FI | 6/26/2007 5:20 PM | JANE WILD (AUDIOLOGY) | 
Journal Entry Template for AR HA issue or exchange | 6/25/2007 1:35 PM | SIMON UNWIN | 
Journal Entry Template for lost aid | 5/29/2007 3:57 PM | JANE WILD (AUDIOLOGY) | 
Journal Entry Template for replacing lost HA | 5/29/2007 3:57 PM | JANE WILD (AUDIOLOGY) |

Audiology Adult Rehabilitation History Prompt sheet

## General
- Communication difficulties
- Description of previous hearing aid use

## Psychological factors
- Experiences of changes that may affect management of any
- Memory difficulties/attention

## Social factors
- Dependence on family/other caregivers
- Services available

## Employment
- Employment history
- Changes in employment

## Life style
- Use of social and recreational activities
- Use of assistive technology

## Medical
- Medical conditions
- Use of medication

## Family History
- Family medical history
- Genetic factors

## Noise exposure
- Occupational exposure
- Noise at home

## Exposure
- Environmental exposure
- Other exposures

## Preferences
- Overall satisfaction
- Areas for improvement

23rd May 2008

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General

Physical

Social

Employment

Lifestyle

Medical

Expectations

23rd May 2008

Audiology: Adult Rehabilitation: History Prompt Sheet

General

- Context of referral/who instigated referral
- Main hearing difficulties
- Description and experience of previous hearing aid use

Physical

- Information about things that may affect management or access
  - Mobility
  - Dexterity
  - Vision
  - Memory difficulties (discretionary)

Social

- Does the patient live independently (family close/family at home/social services support)
- So you can assess how their hearing loss impacts upon:
  - Access to info at home and need for ALDs (e.g., doorbells, telephones, conversation, smoke alarm, alarm clock, baby monitor, TV etc.)
  - Physical and emotional support for HAs & other rehabilitation
  - Benefit from volunteer support (discretionary)

Employment

- Is the patient employed?
- What is the work environment like?
- What part does communication play in job role?
- Specific difficulties associated with hearing
- Employment history
- Also consider voluntary work & occasional work

Lifestyle

- How does their hearing impact upon:
  - What hobbies they have
  - What clubs they attend
  - Where they meet/mix with friends/family
  - Holidays/travel/coach trips

Do they avoid these activities because of their hearing difficulties?
- Consider activities that are performed regularly and less frequently

Medical

- Sudden/progressive/fluctuating
- Asymmetric
- Tinnitus
- Ear pathology
- Surgery
- Otalgia
- Head injury
- Intermittent
- Noise exposure
- General Health

Gathering info that may affect results of test; alter management decision; indicate further investigation; preventative advice

Expectations
Management Plan

PATIENT NAME:

(Paste management plan here)

Audiologist: → → → → Date:

Management Plan
Date produced: Dec 2006
Positive effects of written information

Improves knowledge and satisfaction
Johnson and Sandiford 2005

Improved compliance with recommendations
Newsham 2002

Decreased anxiety
Weinman 1990

Increased info recall
Ashraff et al 2006

Personal file increases use of written info
Whelan et al 1998
### All documents relating to rehab and diagnostics

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Journal entry templates

Structure for the management plans

Improve quality of data entry

Improve access to the information

Improve adherence to local procedures
Direct Referral (Mold)

Pt attended alone

History - Patient reported:

General
Difficulty hearing Wife at home. Occasionally mishears telephone conversation and speaker at Church. Reports no difficulty hearing TV

Physical
Mobility: Ok, some hip problems.
Dexterity: Ok
Vision: Corrected to normal with glasses.
Memory: Short term memory problems.

Social
Lives with Wife (Wife is house bound as disabled).
Does all the shopping himself. Cleaner comes twice a week. 3 children (all live away).
No prob hearing door bell/telephone ringing.

Employment

Lifestyle and associated hearing disabilities
Full time carer for his Wife
Shopping every week - no problems.
Church every Sunday - no problems reported.

Medical
Progressive HL
Asymmetric: No
Fluctuating: No
Otalgia/ME pathology/surgery: No
Ear pathology/irritation: No
Tinnitus: No

Ctoscopy
L: NAD
R: TM occluded with deep wax, not suitable for removal with Jobson Horn.

Audimetry
Bilat mild-sever HF sloping SNHL

Questionnaires
GHABP complete
ECH0 scores

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<td>Personal Image</td>
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Management Plan
Agreed needs: To reduced difficulty hearing Wife at home, to increase clarity of TV and telephone conversation and speaker at Church.

Planned Actions: For trial of L digital BTE. Possible future trial of bilateral hearing aids.

Completed Actions: Imp taken L for 2107. For issue/G at Mold. DR4 sent to GP.
Copy of Management Plan
Discuss and reaffirm needs
Including actions completed during today's appt

People present at appt
Pt attended alone, with partner/spouse, with son/daughter, with other family member/friend (please state), with carer, with volunteer. Include names as appropriate

Otoscopy
NAD or abnormalities observed

Hearing Aid Details
EM fit - EM type, observations, pt reports and modifications required

Hearing Aids Issued
R HA type progs VC in/active and range FB management presc target data logging active and discussed
L HA type progs VC in/active FB management presc target data logging active and discussed

Observations
HA verification - e.g. good target match across frequencies; under amp at 1KHz
Patient response - e.g. good initial response to hearing aid, no loudness discomfort with 80dB SN or other env noises; hearing quiet speech without visual cues

Any Adjustments

Reference HA Performance - Recorded reference performance curve at the user VC settings

Stock control - HA device list checked/updated
Follow Up

Copy of Management Plan

People present at app Intended use, benefit, satisfaction in varying situations (linked to GHADP/SHABP)

<table>
<thead>
<tr>
<th>Reported problem/difficulty</th>
<th>Action/Solution</th>
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Data logging
Summary of main points from data logging

Hearing Aid Adjustments
R
L

Reference HA Performance
Recorded reference performance curve at the user VC settings

Stock control
HA device list checked updated

Other rehabilitation comments
Walk-in Repair or On-Behalf of Repair or Postal Repair

- Reason for Visit
- Description of aid/s and moulds brought in to appt and associated problem/s

Active Management Plan?
YES/NO if yes what stage

Otoscopy
NAD or abnormalities observed

Hearing aid tests
Recorded HA performance curve at the user VC settings - same as ref curve
OR descrip of deviation
Listening with stetascopes - NFF or description of problem

Stock control
HA matched device list; devise list updated

Management

Actions
- e.g.: Refitted moulds inc type of tubing; replaced hearing aids; replaced filter; took impression; placed on WL for reassessment and completed referral form; referred back to care of active management plan
### Audio Service - Adult Service

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<td>--------</td>
</tr>
<tr>
<td>IMP?</td>
<td>98%</td>
<td>96%</td>
<td>100%</td>
</tr>
<tr>
<td>Needs?</td>
<td>76%</td>
<td>88%</td>
<td>100%</td>
</tr>
<tr>
<td>Planned Actions?</td>
<td>56%</td>
<td>96%</td>
<td>100%</td>
</tr>
<tr>
<td>Completed Actions?</td>
<td>66%</td>
<td>94%</td>
<td>100%</td>
</tr>
</tbody>
</table>
Needs included in IMP

![Bar chart showing the percentage of needs recorded in IMP over different months: Apr-07, Jul-07, Aug-08. The chart displays data for different percentages of needs (0, 25, 50, 75, 100).]
<table>
<thead>
<tr>
<th>Stages 1 &amp; 2 Assessment and development of Individual Management Plan</th>
<th>Time Before Changes</th>
<th>Time following Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>New DR</td>
<td>60 mins</td>
<td>90 mins</td>
</tr>
<tr>
<td>Existing reassess</td>
<td>45 mins</td>
<td>60 mins</td>
</tr>
<tr>
<td>Stages 3 &amp; 4 Rehabilitation and Evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All patients (HA issue)</td>
<td>90 mins</td>
<td>70 mins</td>
</tr>
<tr>
<td>All patients (FU)</td>
<td>30 mins</td>
<td>30 mins</td>
</tr>
<tr>
<td>Stage 5 Group Rehab</td>
<td>NA</td>
<td>90 min pt contact 10min/pt</td>
</tr>
<tr>
<td>All patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>New - 180 mins</td>
<td>New - 190 mins</td>
</tr>
<tr>
<td></td>
<td>Review - 165 mins</td>
<td>Review - 160 mins</td>
</tr>
</tbody>
</table>
Beneficial?

Anecdotally...
Rehab more individual and comprehensive – pt and staff comments
More focussed efficient use of time
Better quality data gathering and recording
Better experience and/or outcomes for patients?
Research project

Evaluation of a new patient assessment and rehabilitation pathway within Adult Audiology Rehabilitation Services

Dr Sarah Bent

Group 1
Old pathway
Issued with HA Oct/Nov/Dec 06
Reviewed 07

Group 2
New pathway
Issued with HA Oct/Nov/Dec 07
To be Reviewed 08

23rd May 2008

BAA Service Quality Committee Study Day
I will tell all of my colleagues about IMPs tomorrow.
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Any Questions?