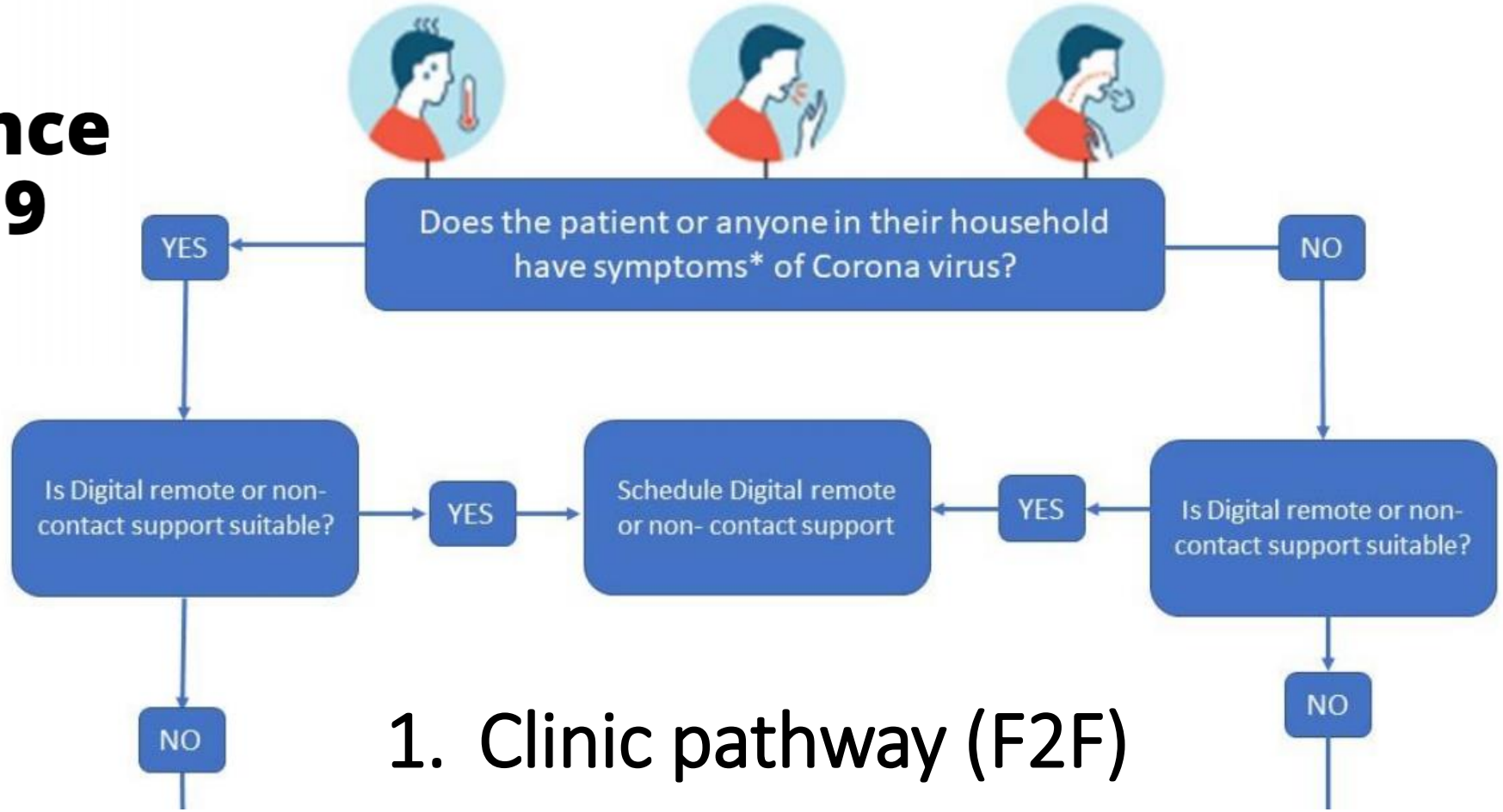
BRITISH ACADEMY OF AUDIOLOGY

Service Quality Committee

Determining suitability for remote care

Audiology and otology guidance during Covid-19

From the UK's audiology professional bodies



1. Clinic pathway (F2F)
2. Combination pathway
3. Remote pathway

Risks from COVID-19

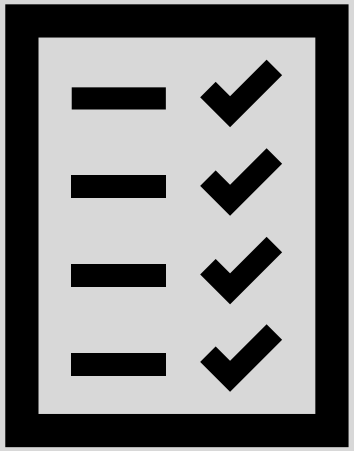
Urgency:

1. Red flags
2. QoL

Digital proficiency

Risks of adjusting/ delaying procedures

Informed choice & SDM



Suitability for virtual clinics

	Virtual clinic	Try virtual, move to f2f if unsuccessful.	Face to face (f2f) clinic
1. Risk COVID-19	Very high risk	High risk	Other
2. Digital proficiency	✓ Device: Tablet, PC. ✓ Internet: 4G (fast) ✓ Experience of Apps/video.	✓ Device: Smart phone. ✓ internet **No/limited experience of Apps.**	No Device No internet
3. Urgency/needs	No red flags, mild difficulties/needs.	No red flags. Moderate difficulties/needs.	Red flag. Urgent needs effecting QoL.
4. Risk of delaying/adapting f2f procedures.	Low risk e.g. adult or teenager that can self-report.	Medium risk e.g. older child or mild LD, query self-report accuracy.	High risk e.g. adult or child that cannot self-report.

5. Patient choice: Informed, shared decision making. Written information on how each approach works.

F2F: time in clinic, procedures performed within 2m, PPE worn by clinician and patient.

Remote: Time online. what can/can't be done. Tools used and why.

Document info so patient/client not asked repeatedly to 'try' remote care.

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Accessibility

Accessibility: digital proficiency

*'I do worry that there will always be a cohort that **cannot use telehealth** for a range of reasons, and we need to make sure that they **aren't marginalised** or **feel unable to access our services** as they are intimidated by IT etc. **Making sure we care for those groups** is something that needs thinking about'*

Dawn Bramham

- 'Enablers' to support patients to begin to use remote IT in their home.
- Volunteers/charity led.
- Also tackle loneliness and isolation.

Accessibility: Captions

	Live Captions?	Share our screen with captions?	NHS approved?	Website
Attend Anywhere	N	Yes but video lost	Y	https://england.nhs.attendanywhere.com/resourcecentre/Content/Home.htm
AccuRx	N	N	Y	https://www.accurx.com/
E-clinic	N	N. Speech to text on separate device can feed directly into notes on screen.	Used in private health care	https://e-clinic.co.uk/
MS teams	Y	Y	For meetings	https://www.microsoft.com/en-US/microsoft-365/microsoft-teams/group-chat-software
One Consultation	?	?	Y	https://www.modalitysystems.com/software/oneconsultation

Speech to text conversion: Patient downloads an App on their phone (Ava, TextHear) or use web captioner (**https://webcaptioner.com/**) and place their phone near the tablet/computer speaker, or use a direct audio lead. Pt can see the live captions on their phone, and watch lip-reading on the video. **A lot to ask our patients/clients. Our responsibility and obligation to provide accessible healthcare.**

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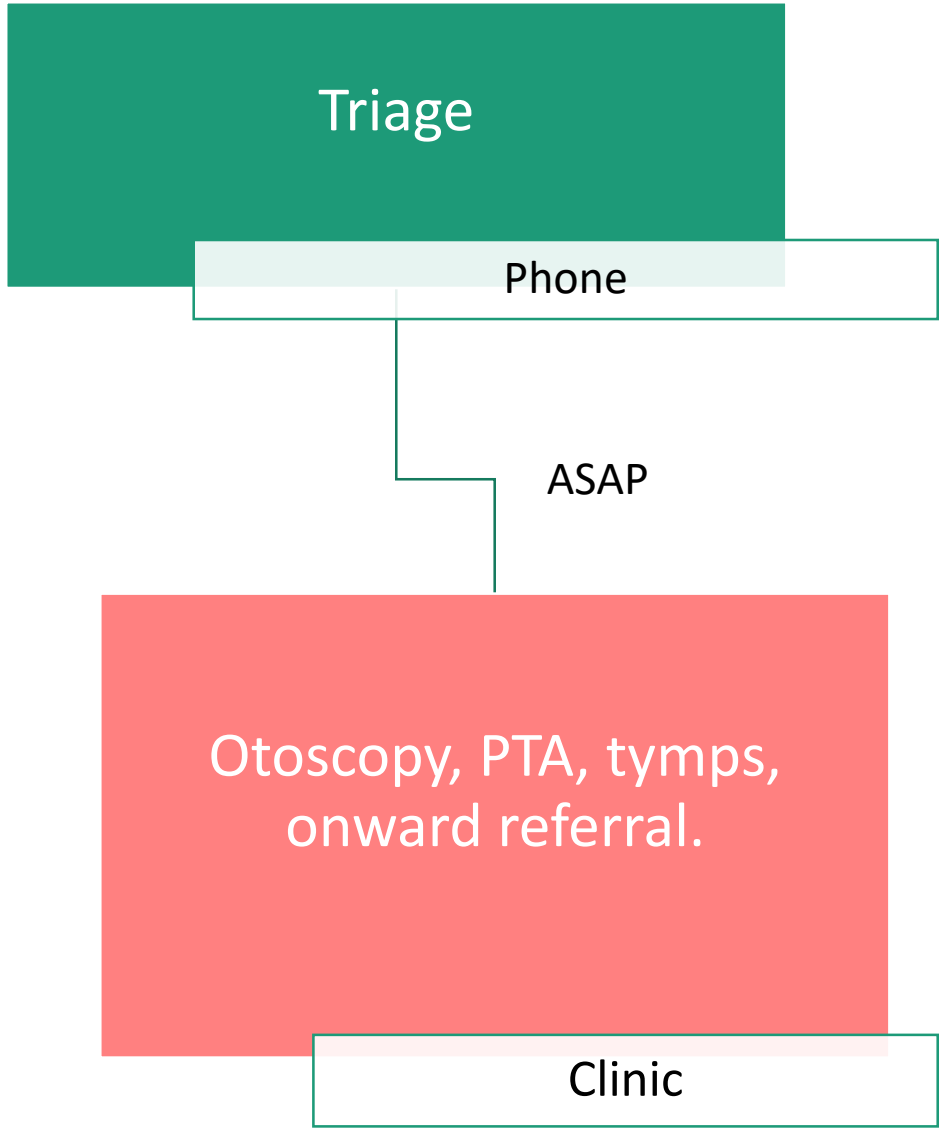
Example pathways

1. Clinic pathway

- Very-high/high COVID-19 (NHS, 2020).
- Evidence of red flag (BAA, 2016).
- ENT, vestibular and tinnitus specialist support to decide on best pathway. **One stop clinics.**
- **Patients that can't self-report have higher risk of 'missed' red flags. Greater need for F2F.**

Triage: urgent clinical appointment



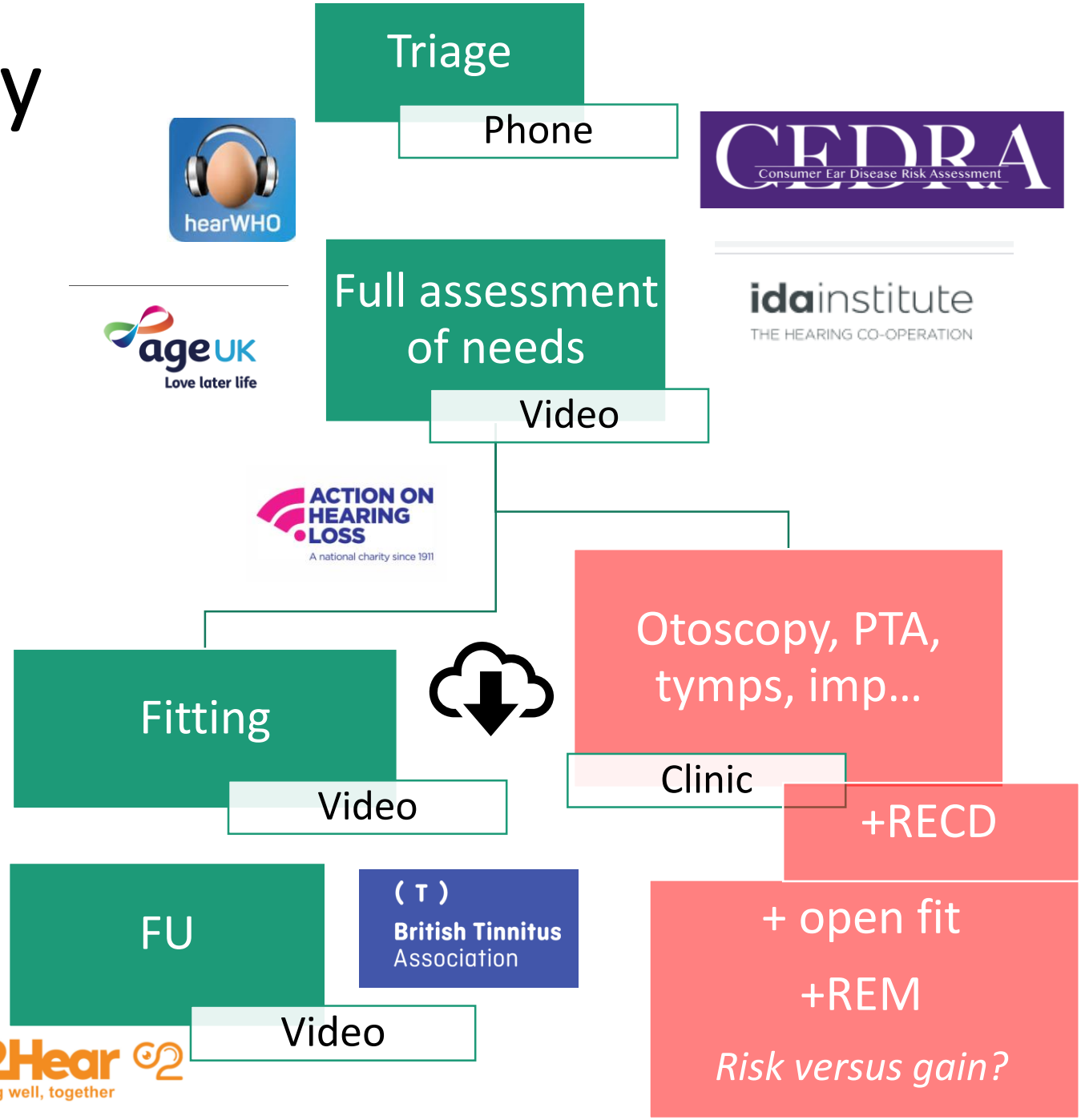
2. Combination pathway

- **COVID-19 'high-risk' (NHS, 2020)**
- **Adult: new or reassessment.**
- **No evidence of red flags (BAA, 2016).**
- **Hearing problems effecting QoL.**

One short clinical appointment.
Limit contact time.

Video appointments:
- Time for counselling.
- Ability to demonstrate & share.
- Family can join rehabilitation.

Patients that can't self-report have greater need for REMs.



3. Remote pathway

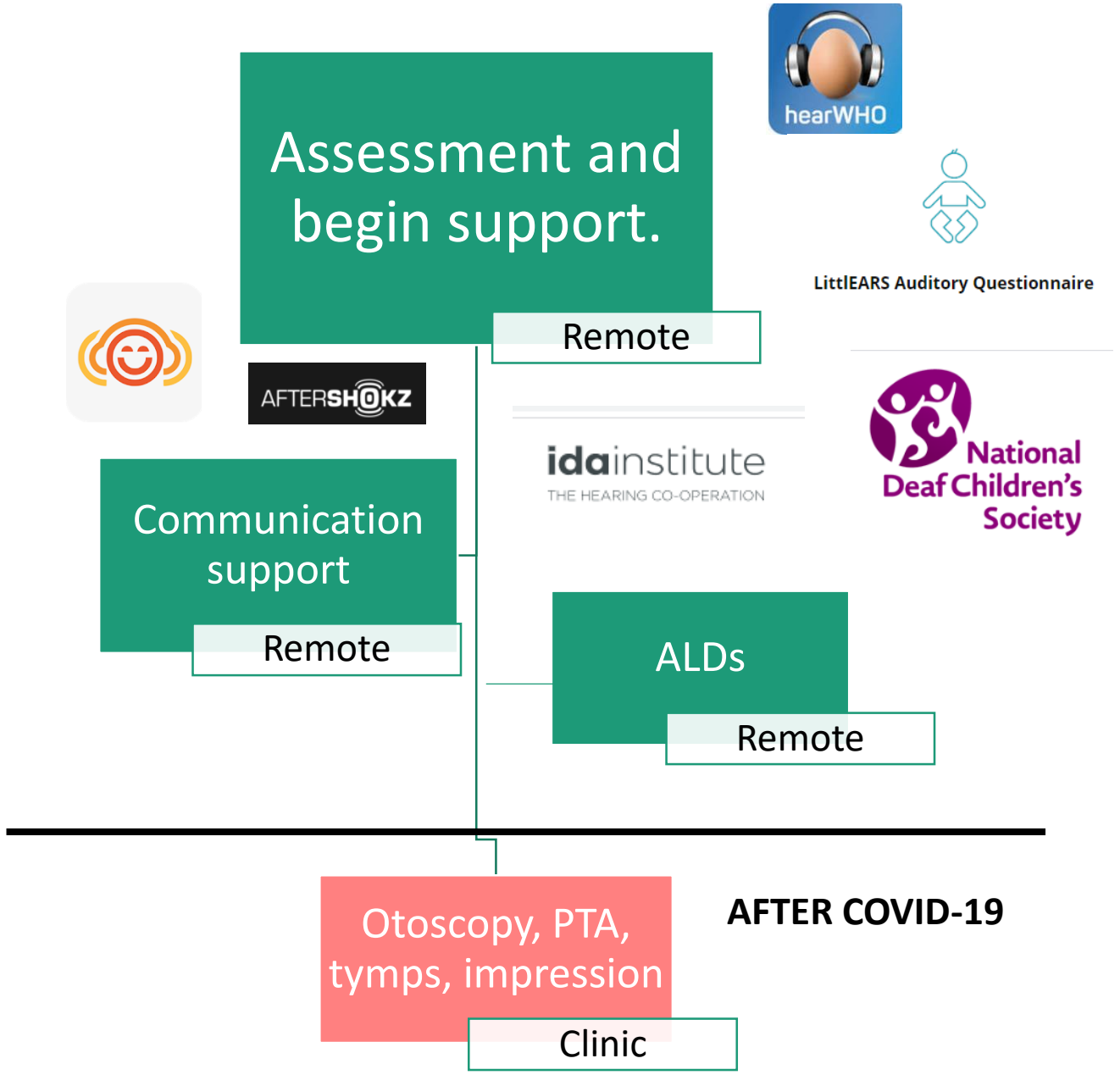
- **COVID-19 'Very high-risk' child, family shielding.**
- **New or review.**
- **No evidence of red flags.**
- **No urgent needs, no parental concerns.**

Counselling & support.

Assistive devices.

Apps and tools.

Delay clinical visit until after COVID-19**.**



Intellectual disability pathway.

Siobhan Brennan

- Who are you talking to?
  - For people with cognitive needs it would be worth discussing / including who the call/video should include/involve and how this should be ascertained - e.g. if someone with a learning disability the **Key Worker** may be a good person to contact about this.
- Where are we going next?
  - We have had a firm plea from our Community LD team that when **face to face services resume that they are not necessarily offered at the hospital** because of the LD community largely being a particularly high-risk group and concern about this within the population with LDs, so alternative locations should be looked into - we hoping to offer the clinics in day services (because they are familiar surroundings - although may be noisy!).
- Are you sure?
  - For patients who can't self-report - some of the riskiest situations are those patients who **sound like they are confidently self-reporting, but the answers are ultimately inaccurate**. The triage elements should document the accuracy of self-report and level of support.

Intellectual disability pathway.

Siobhan Brennan

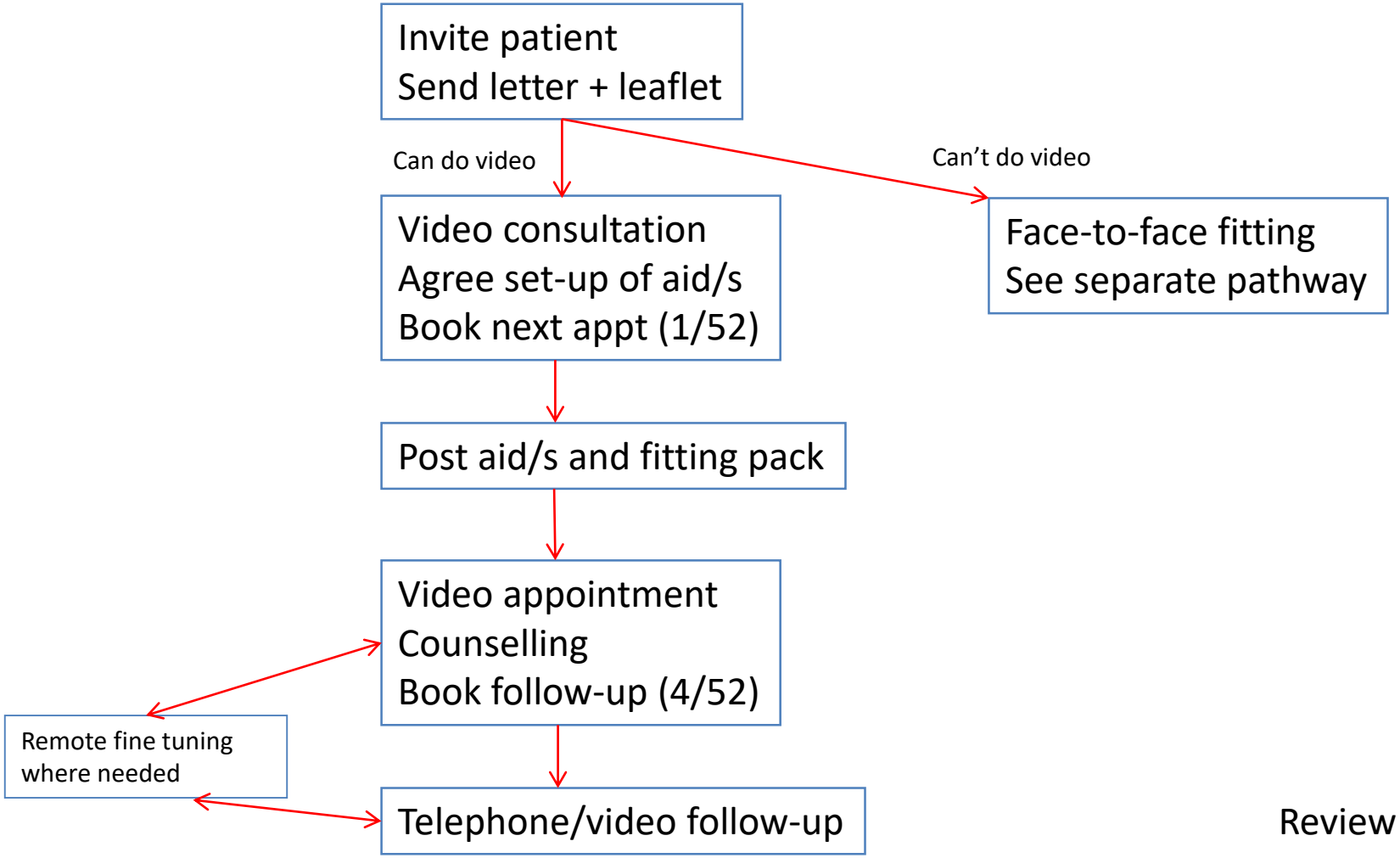
- Procedural support for providing remote healthcare for PwLD is in its infancy. I have been in touch with numerous relevant organisations, and it would seem that there isn't a lot of information out there. There is however Appendix 1 of this document: https://www.choiceforum.org/docs/scot.pdf which is well worth a look and organisations such as NDTi are working hard to develop information.

- Multidisciplinary support should be considered. The crisis has had a disproportionate impact on this population and there have been some devastating impacts of both the virus and the lockdown. Learning disabilities teams should be consulted about plans not only about individuals under their care but also the services as a whole going forward.

Remote fitting pathway
PTA already obtained.

Adam Beckman

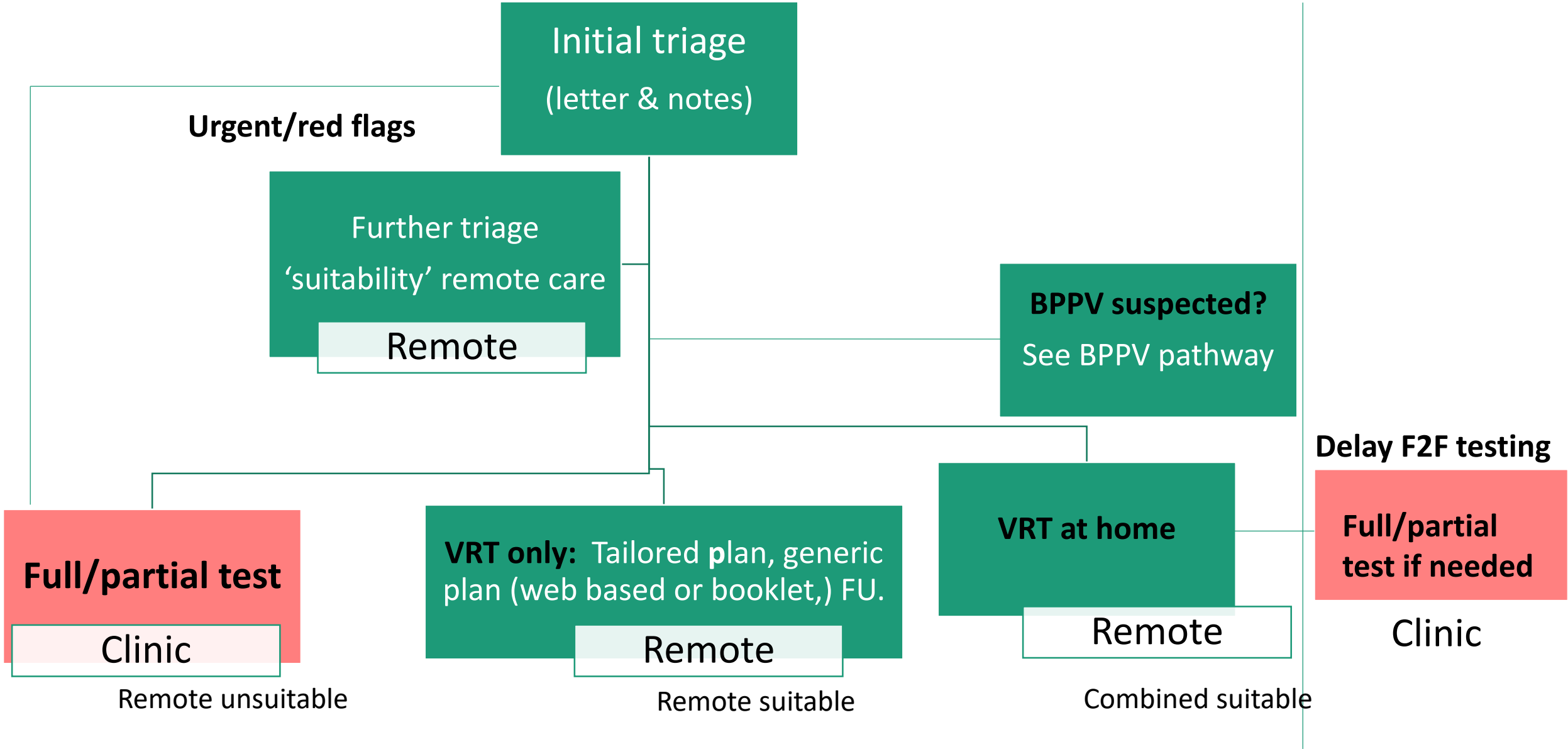
University Hospitals Plymouth NHS Trust



Review July 2020

Vestibular assessment/VRT pathway.

Debbie Cane.

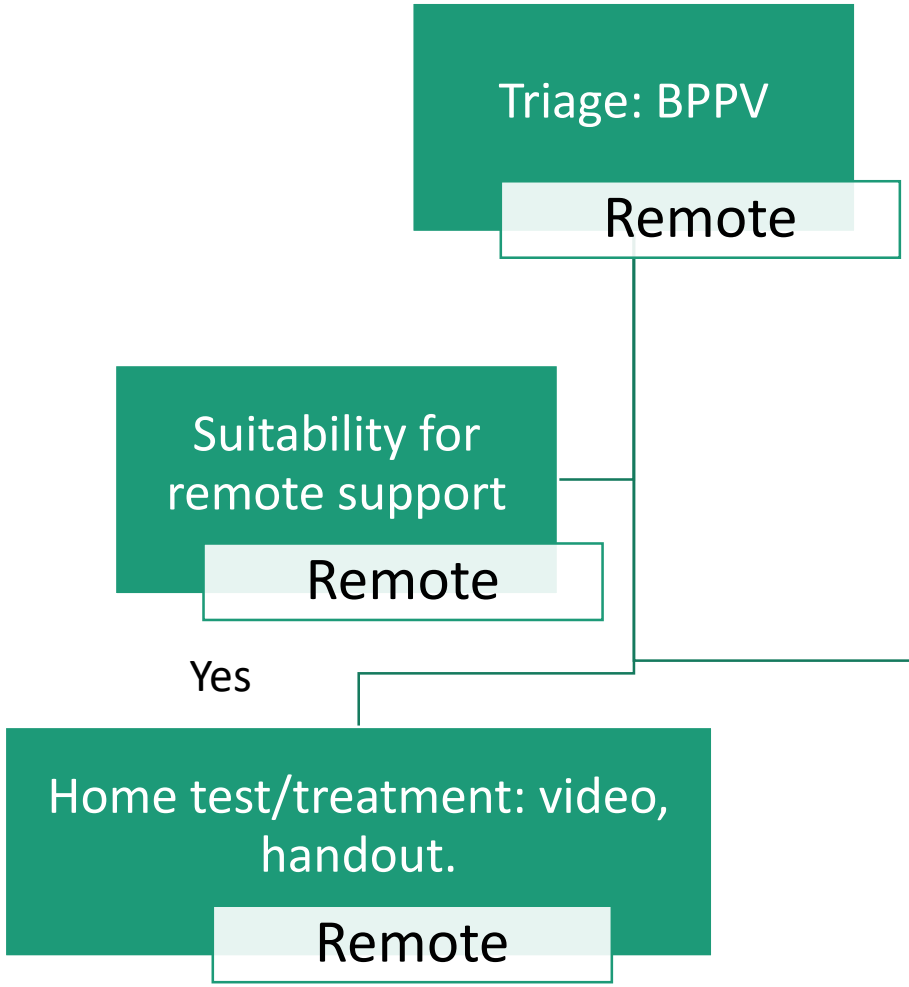


Vestibular assessment/VRT pathway.

Debbie Cane.

- **There is no one correct pathway**. Patients should be *assessed individually* for best pathway dependent on referral information obtained and department resources.
- Following ***Initial triage***, it may be that a provisional diagnosis of **BPPV** is made.
- ***Further triage*** could be by phone/skype/ or by the administration by post of a suitable questionnaire eg abbreviated dizziness questionnaire, or BPPV specific questionnaire could be used to support this diagnosis. If suitable home testing and treatment could be offered.
- Following *initial (or initial+ further) triage* it may be that that a provisional diagnosis of a **stable unilateral or bilateral peripheral vestibular pathology** is made. It may be that home VRT could be given whilst testing is awaited. Consultation with the referring source may lead to a conclusion that full testing is no longer needed
- **Following triage (and consultation with referring source) it may also be considered that limited/no testing is needed.**

BPPV pathway. Debbie Cane



Delay F2F testing

- **Patient/family high risk COVID-19**
- **Mild symptoms of dizziness**
- **Patient not at risk of falls**

No

Test in clinic

Clinic

BPPV pathway.

Debbie Cane

- **Triage for BPPV** could be via initial referral letter plus additional phone/skype history taking, + patient administered BPPV testing.
- Patients should be **risk assessed** for testing and treatment, a second person should be present and the patient warned that of the likelihood of evoked dizziness. Consent should be obtained before sending them information on testing.
- **Home treatment** may be more appropriate for those who report return of BPPV symptoms, and the BPPV successfully (and easily) treated before.
- **Where the patient is new, then it is suggested that 'testing' is done before information is sent regarding treatment.**

Remote Tinnitus Pathway

NHS
Countess of Chester Hospital
NHS Foundation Trust

Jane Beavan

Patient sent **tinnitus pack** and added to tinnitus virtual W/L

1-2 weeks

Patient contacted by phone to pre-arrange suitable time for virtual appt

Tinnitus assessment completed remotely at agreed time by phone or AccuRx Fleming.

- Patient discharged
- Further remote FU planned for 1 or 2 months
- F2F appointment required – added to relevant W/L
- Soundball posted to patient
- Added to postal first fit W/L for HA and/or SG

Tinnitus pack includes:

- Explanatory letter
- Tinnitus assess history sheet
- Tinnitus info and management plan handout
- BTA leaflet – Living with Tinnitus
- BTA leaflet – Products for Tinnitus

With thanks to Adam Lloyd and the tinnitus working group

Useful resources: sharing good practice

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HoS meetings, remote care experiences:

- 23/04/2020 Adam Beckman (starts at 23 mins)
- 07/05/20 Gaby & AnnM & Tina Beckham (see last 40 minutes).
- 21/05/20 Jane Beavan and Louise Hart (see last 20 minutes)
- Summary of remote working technology

https://www.baaudiology.org/professional-information/covid-19/heads-of-service/

SOPs to share:

Plymouth, Reading, Sheffield, Manchester (implants).

What do parents think of remote working?

- **ManCAD**: Ladies in a van questionnaire.
- **Vicki Kirwin** NDCS: understand views and share information.