

# Remote Adult Hearing Aid Fitting SOP

(Where a recent PTA/ ear check has been completed)

## Approval

Approval Group	Job Title, Chair of Committee	Date
Audiology Clinical Governance	Rachel McCarthy	16/06/2020

## Change History

Version	Date	Author, job title	Reason
1	10/06/2020	Alan Bryant and wider AR team joint document	To support alternative pathways during covid-19 restrictions and recovery

Author:	Elaine Maynard MSc	Date:	Mar 2020
Job Title:	Adult Rehab Team Leader	Review Date:	Mar 2021
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Location:	Audiology shared drive (f drive)		

## 1.0 Purpose

The process will enable hearing aid fitting and support remotely, therefore reducing face to face attendance during Covid-19 social distancing restrictions. It has been developed with reference to both the 'Audiology and Otology Guidance During Covid-19' (BAA, BSHAA, BSA, AIHHP joint document: June 1st) and 'A guide to remote working in NHS audiology services during covid-19 and beyond' BAA SQC and ManCAD. It is a dynamic document and is subject to on-going change based on experience with this SOP and wider on-going learning.

## 2.0 Scope

The SOP covers patients awaiting a hearing aid fitting who have had a recent (within the last 6 months) ear examination and pure tone audiogram.

This is a remote pathway to replace face to face appointments during a time where national social distancing restrictions are in place, due to the COVID-19 outbreak. The remote fitting pathway may not be appropriate for certain patients where there is a clinical or other prohibitive reason. However, every attempt should be made to make this type of pathway available where possible and desired. Accessibility and support for vulnerable patient groups must be well considered and the options to facilitate this locally are addressed in [Accessibility SOP for Virtual Appointments](#).

## 3.0 Roles and Responsibilities

The Team Leaders have responsibility for their service reporting to the Head of Service. The Senior Adult Rehabilitation (AR) Team is responsible for co-ordinating, monitoring and evaluating the service.

Clinicians undertaking elements of this pathway will be trained in the respective area and be expected to understand this and relevant SOPs. Documenting is important and if a clinician is unsure, they are expected to discuss this with a senior clinician.

## 4.0 Definitions and abbreviations

**RBH:** Royal Berkshire Hospital

**AuditBase:** The primary clinic management software used by RBH Audiology

**BeMore App:** Smartphone app available for download by patients, for use with Ambio hearing aids, which allows patients a certain amount of control over their hearing aid sound.

**Remote Assist:** platform that the clinician can use to make asynchronous changes to the patient's hearing aid remotely, should the patient make a request via their BeMore app.

**Asynchronous:** not in 'real-time' i.e. a request for remote assistance can be made by the patient, out of sync with the clinician; the clinician can respond to assistance requests when there is appropriate clinical time and patients can try new settings at a time convenient to them.

**EPR:** Electronic Patient Record (trust-wide patient management and records system)

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**DNA:** Did not attend  
**PTA:** Pure Tone Audiogram  
**REM:** Real Ear Measurements  
**AR:** Adult rehabilitation

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## 5.0 Remote hearing aid fitting process

### 5.1 Introduction

'Telehealth' or remote care has been on the agenda for healthcare services for some time; however, the emergence of COVID-19 Coronavirus has precipitated a more urgent need for remote service delivery. This document outlines the process adopted by RBH Audiology department in implementing remote care principles to adult hearing aid fittings.

### 5.2 Summary process

The remote fitting pathway will take place over 5 stages:

1. Initial contact
2. Programming and sending the hearing aid(s)
3. Remote fitting follow-up
4. Postal follow-up
5. Evaluation of pathway

Each stage is covered in detail in the following sections; a flowchart showing a simplified summary of the process can be found in Appendix 1.

A step-by-step checklist for each stage has been created for clinicians (see Appendix 2). As clinicians adjust to the novel process, it is important that the relevant checklist be kept to hand and each step ticked off, to ensure all the necessary actions have been completed.

To manage the logistics of the entire process and to ensure it is clear which stage of the pathway each patient is at, a number of new waiting lists have been created on AuditBase. It is imperative that each patient is moved to the correct waiting list at each stage of the pathway. Appendix 3 gives a summary of the waiting list to be used at each stage, and the nomenclature which should be used in the comments box.

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### 5.3 Detailed process

#### Stage 1: Initial contact

The assigned clinician will work through the 'COVID Adult Fitting Fup' waiting list on AuditBase, making a phone call to each one.

**If there is no reply or the patient is not free to talk, this will be noted on AuditBase; the patient will remain on the 'COVID Adult Fitting Fup' waiting list and a clinician will reattempt the call at a later date.**

Each phone call will begin with confirmation of the patient's identity (including name, DOB and address). It is especially important to confirm the patient's address so that the hearing aids and other correspondence relating to the remote fitting are sent to the correct place.

**For patients referred from ENT, who have a recent audiogram, but have not yet had an assessment appointment with audiology:** The clinician would start by introducing where the referral came from and the context of the appointment, before undertaking a wider history and debrief. If the patient confirms they would like to try hearing aid/s, the clinician would then follow the process detailed below.

**For patients who have already had an assessment with audiology and agreed to trial hearing aids:** The clinician would start by explaining that we are contacting them regarding their hearing aid fitting which was arranged pre COVID-19, before following the process detailed below.

Hotkey 71 (see Appendix 4) will be completed, this will help the clinician to follow an appointment structure and document the conversation appropriately. The clinician will complete the following steps:

- Offer a remote fitting. Suggested script: *"Unfortunately due to COVID-19 there continue to be restrictions placed on face-to-face appointments, however we have been working hard on alternative solutions and would like to offer you a 'remote fitting'. The new hearing aids would be programmed according to your latest hearing test, and sent to you via post along with a support pack of how to use them. Once you received the hearing aid and support pack, a video or telephone follow-up appointment would be arranged to provide further support. We do not see routine face-to-face fitting appointments being available for some time (several months or more) and therefore we would encourage a remote fitting where appropriate/possible"*.

If the patient is happy for a remote fit the clinician will proceed with **Route A**; if the patient declines a remote fit the clinician will proceed with **Route B OR Route C for patients for whom the remote pathway is not accessible.**

#### Route A

- Introduce some of the new features available on the Ambio, giving more or less detail dependent on the patient's interest e.g. *"Since we last saw you we have started fitting a*

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*new range of hearing aids, one exciting feature of these new aids is the ability to connect them to a smartphone app which allows you to change programs, make adjustments to the sound and can even help you find your hearing aids if you lose them, right from your mobile phone.”* This will provide a foundation of understanding for remote assist consent discussions. See Table 1 for more information on BeMore.

- Ask the patient’s consent for data logging (see Appendix 5 for a suggested script and advice on undertaking consent discussions with vulnerable patients).
- Ask the patient if they are happy using smartphone apps; explain that if they are the new hearing aids have a feature which they may be interested in.
  - If the patient answers ‘no’ then there is no need to discuss Remote Assist.
  - If the patient answers ‘yes’, explain what Remote assist is and discuss consent. The consent form has two parts (A and B) which need to be completed, **we cannot legally enable remote fine tuning without first gaining the patient’s consent to the sharing of certain aspects of their personal information. See Appendix 5 for a suggested script** and ‘plain English’ summary of the consent form, suitable to use when discussing this with patients).
- Review COSI goals/management plan with the patient; check if additional programmes are required.
  - Make a note in the hotkey as to whether or not the patient would like additional settings, if so, specify which.
  - If the patient currently wears hearing aids, check if they use a volume control and/ or programme button, if they do, ask if they would like similar controls on their new hearing aids. How do they feel about the current sound? Are they happy with the current size of thin tubes and domes?
- Underline that the hearing aids will be programmed to their hearing loss and ready to use following some basic set-up. Reassure the patient that the aids will come with a comprehensive support pack with all the information they should need to get started.
- Counsel the patient regarding acclimatisation and realistic expectations in a manner that reflects BSA Practice guidance ‘Common principles in Audiology Services’ (2016) <https://www.thebsa.org.uk/resources/common-principles-rehabilitation-adults-audiology-services/> )
- Explain possible reasons for feedback, including wax, and how these might be managed until we can see them (e.g. reducing volume if they have a VC, requesting adjustments remotely, requesting a more occluding dome etc.)
- For existing RBH hearing aid users, explain that we would like the old hearing aids back and that we will provide information on how to do so at a later stage.
- Ask if the patient would like a video or phone appointment once they have received their fitting pack.
  - Advise that a video follow up would be preferable as this enables the audiologist to demonstrate how to use the hearing aids and confirm they are being inserted correctly.
  - Highlight that should the patient wish, family members are welcome to join for the appointment.
  - Reassure that a tip-sheet on how to prepare for video or telephone appointments will be included in their fitting pack.
- Discuss battery safety.

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- Remember to complete the planned actions section of the hotkey, including the model and colour of hearing aids chosen (and the ear being fitted if it is a unilateral fitting).
- Keep the patient on the 'COVID Adult Fitting Fup' AuditBase waiting list but add the word "Ready" to the start of the comments box.

Table 1

<p><b>BeMore/ Remote assist</b></p> <p>Should the patient enquire whether their phone is compatible with the BeMore app, including Remote assist, you can direct them to <a href="http://go.gn.com/app-support">http://go.gn.com/app-support</a> for a list of compatible phones and tablets. Advise them to ignore the section on direct audio streaming as Ambios do not currently support this. N.B. while the app may still work on devices which are not listed, GN has only <i>confirmed</i> compatibility with those listed.</p> <p>If a patient is keen to look into the BeMore App while awaiting their new hearing aids they can download the app straight away and use it on demo mode; you can also direct them to the below resources.</p>	
<p><b>Resources for patients</b></p>	<p><b>Written information</b></p> <p>GN Patient information sheets:</p> <ul style="list-style-type: none"> <li>• <a href="#">How to Connect Your Hearing Aids to the BeMore app- Android</a></li> <li>• <a href="#">How to Connect Your Hearing Aids to the BeMore app- iOS</a></li> </ul>
	<p><b>Videos</b></p> <p>GN Instructional videos:</p> <ul style="list-style-type: none"> <li>• <a href="#">How to use the BeMore App with your Ambio Hearing Aids</a></li> <li>• <a href="#">How to request assistance from your Audiologist using the BeMore App</a></li> <li>• <a href="#">How to rate my sound using the BeMore app</a></li> <li>• <a href="#">How to install your new hearing aid settings using the BeMore app</a></li> <li>• <a href="#">Troubleshooting the BeMore app</a></li> </ul>
<p>A clinician guide for using remote assist, including screenshots from both the clinician and patient perspective, can be found <a href="#">here</a>.</p>	

**Route B**

- Underline that we are unsure when face to face appointments may return for fittings but it is likely that it may not be for some time, due to the complexities of managing social distancing in healthcare settings.
- Explain that they will kept on a waiting list for 12 months, within this time they can contact the audiology department to organise a remote fitting OR to check if updated GOV/RBH policy allows face-to-face appointments.

**Commented [DM1]:** Do we really want to encourage monthly calls checking if we're open for F2F? What happens after 12m? Are they discharged?

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- Add the reason given by the patient for declining a remote appointment
- Send a 'declined remote fitting' letter to the GP and patient (see Appendix 6)
- Keep the patient on the 'COVID Adult Fitting Fup' AuditBase waiting list but add the word "**Declined**" to the start of the comments box.

These patients will not be classed as a priority in the way that patient's marked 'accessible' (defined below) will be; as such, a face-to-face appointment will not be organised until such time as the wider COVID restrictions have been relaxed (unless there is a clinical need).

### Route C

The remote fitting pathway should be available to all patients and we will make adaptations to facilitate this wherever practicable.

However, there will be instances where there is insufficient support available for the patient to access the remote fitting pathway, and/or it would be very difficult for the patient to adopt new hearing aids via a remote pathway. This may include patients with learning disabilities, cognitive difficulties such as dementia, or relevant mental health issues. Other instances may be identified via clinical discretion e.g. a patient who has never tried hearing aids, reports significant dexterity issues and is very anxious at the prospect of trying hearing aids without face-to-face support.

For such cases the following steps should be followed:

- Send a 'Unsuitable for remote fit' letter to the GP and patient (see Appendix 7)
- Keep the patient on the 'COVID Adult Fitting Fup' AuditBase waiting list but add the word "**Accessible**" to the start of the comments box.
- On the management plan of the hotkey give an explanation of *why* the remote fitting pathway is not deemed accessible for the patient.
- These patients will be reviewed by the senior adult team and prioritised appropriately for face-to-face appointments, once they resume in a restricted capacity.

Please note there will be on-going restrictions to face-to-face patient visits, so only use the 'accessible' flag when you are *sure* that the pathway could not be made accessible through additional support. This might include inviting (with the patient's permission) a relative or carer to the follow up video/ telephone call. For video calls additional links can be sent to relatives/carers who cannot physically be with the patient at the time of the appointment, or teleconferencing facilities can be used to include them in a telephone call.

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## Stage 2: Programming and sending the hearing aid(s)

The assigned clinician will work through those patients who are marked as 'Ready' on the 'COVID Adult Fitting Fup' AuditBase waiting list.

Hotkey 72 (see Appendix 4) will be completed; the clinician will complete the following steps:

- Check the 'initial contact' entry on the patients AuditBase journal for:
  - The hearing aid type and any additional programmes requested
  - Consent for data logging
  - Consent for remote assist part A and/or B
  - Other information from the patient that might inform their fitting

*If the patient is an existing hearing aid user (marked as "exp" in their waiting list comments), previous use/preferences/prescription should be accounted for in the new fitting.*
- Open NOAH, then the Danalogic 1.2 software.
- Login to GN Online Services (you will remain logged in for the next 24 hours, even if you change patients, unless you manually log out)
- Prepare the new hearing aid(s) of the appropriate type, remembering to insert left and right coloured markers, and connect them to the Danalogic software.
  - **When the software asks you to confirm the fitting details i.e. thin tube vs. moulded fitting, size of vent/ dome/ thin tube etc. ensure these are filled in as accurately as possible**, to increase the likelihood that the initial 'click-fit' is a good match to target.
  - If the patient has never worn hearing aids before consider changing the experience level to 'first time user' under Patient>Profile>Patient Experience Level
- Open Otosuite and select the correct fitting parameters for the coupler fitting:
  - For experienced users check the prescription target previously used and select the same on both Otosuite and Danalogic 1.2
  - *N.B. However, if the patient's previous aid was fitted at a time when NAL1 was used as default, consider using NAL2. If NAL1 was used due to clinical reasons, select NAL1 again.*
  - Select the fitting parameters appropriate to the type of fitting (open vs. closed, new vs. experienced user etc.)
  - If it is available and appears accurate, **use the patient's previous REUR.**
  - Remember to check if it is appropriate to incorporate BC values into the target
- Run the devices through the coupler:
  - For existing hearing aid users who report being happy with their current settings: consider programming the new hearing aids to these settings (which would have been determined with the support of REMs). Clearly, changes in PTA and the patient's history would need to be accounted for; this approach would not be appropriate for those who have experienced a significant change in their hearing thresholds. If the patient's audiogram indicates only slight changes (5-10 dB) consider increasing hearing aid gain based on a conservative half-gain rule (i.e.

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2-4 dB respectively). The output of the HA should still be verified in the coupler. Consult a senior clinician if unsure how to proceed in a specific case.

- See '[RBH Coupler Fitting SOP](#)' and supporting video, for good practice advice. Note coupler measures for moulds/closed domes and open domes will vary and this is considered in the local SOP.
- If it is clear from a patient's journal that they have had multiple return visits due to hearing aid **sound**, consider comparing the patient's 'previous most recent' hearing aid settings to those suggested by the coupler target. It may be prudent to have a second program matching the patient's 'most recent' settings; should these differ significantly in a way that cannot be attributed to changes in PTA. In this case a note should be included in the fitting pack plan to explain to the patient what you have done.  
*N.B. You will not have their current aids present however you can either pull these settings though (if previous analogic HA) &/or program a reconditioned hearing aid to the patient's latest settings, run in the coupler and then use the response as a target.*
- Consider the use of DFS to help manage feedback? Ambio has a default automatic feedback manger that runs if no DFS is measured. Running DFS manager is clearly complicated by the absence of an ear to run the feedback manager in; however, as excessive feedback is likely to contribute to hearing aid rejection, consideration is needed. See local RBH Coupler Fitting SOP for discussion and current advice. (note: remote DFS via the app is likely to be an option on Apple platforms at least by late summer.
- Save the settings to the hearing aids and Noah.
- Ensure the hearing aids are checked out from stock on AuditBase, the pop-up should trigger as a prompt.
- Update the patient's AuditBase journal following the prompts in the hotkey. Where appropriate include any rationale for decisions taken during the fitting (e.g. DSL5 used as patient has had this successfully in the past).
- Check for any accessibility considerations (sight/language - see RBH remote accessibility SOP) and plan for these in terms of the fitting pack contents and preparations for the video/ telephone follow-up. Speak to a senior if required.
- Concerning tubing sizes:
  - For open fit hearing aids, the dome & tube size should have been documented in previous management plan. If this is not the case, as a rule of thumb send size 0B thin tubes for females, and 1B for males; choose a dome type using clinical discretion based on the patient's audiogram and otoscopy notes. Assemble the hearing aid, tube and dome for the patient before posting. Initially additional thin-tubes should only be sent out to experienced users for whom the appropriate size has been confirmed.
  - For moulds, trim the tubing to 4cm for males and 3.5cm for females, before attaching the mould to the hearing aid. This is a generous tube length, but it will show the desired shape to the patient; a leaflet is included in the fitting pack to help patients trim the tube length for a better fit where required.
- Assemble a 'fitting pack' for the patient. See page 2 of the 'Hearing Aid Fitting Pack' booklet for a checklist of what must be included; tick off each item as you add it.
- Remember to fill in the relevant sections of the 'Your Hearing Aid' booklet, including any programs and if the volume control is enabled, as you would do for a face-to-face fitting

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- Post the new hearing aids and complete fitting pack, in a padded envelope, to the patient's address.
- **Move the patient to the 'COVID coupler fit completed' waiting list** on AuditBase and check the comments nomenclature. Ensure the following is specified in the comments:
  - Fit 1 OR fit 2
  - AQP OR non-AQP (use their assessment appointment type to ascertain which)
  - Phone OR video FU
- From this list the admin team will:
  - Book the appropriate fitting appointment on EPR.
  - Book 'remote fitting FU', of the patient's preferred type (video or phone) for 3 weeks' time.
  - Remove the patient from the 'COVID coupler fit completed' AuditBase waiting list.

**Commented [DM2]:** Sarah- should we have a prescriptive example of how the comments should look... Like we have for the rest of the waiting lists?

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### Stage 3: Remote fitting follow-up

This stage will occur approximately 3 weeks after the fitting pack was sent, to allow time for post and receipt.

The clinician will be assigned to a 'remote fitting FU' list on EPR. The appointment will be marked as either a video or a telephone fitting follow-up, based on the patient's previously expressed preference. The aim of this appointment is to provide the patient with information that would usually be communicated at a face-to-face fitting appointment i.e. what to expect from hearing aids, how to use, clean and manage them, and how to get used to the sound.

#### Video vs. Telephone appointments:

Video appointments offer the advantages of being able to demonstrate techniques (such as hearing aid insertion and cleaning), and visually verify that a patient is able to perform these procedures. However it is acknowledged that video calling may not be possible or preferable for certain patients. In such cases more pointed questioning will be required to ascertain how patients are managing. In the absence of being able to demonstrate techniques to patients, it is especially important for clinicians to signpost relevant self-help.

**Appendix 8 summarises potential areas of difficulty and corresponding self-help resources.**

The clinician will complete the following steps:

- During the appointment complete Hotkey 73 (see Appendix 4) to ensure the key elements of hearing aid use are covered (in line with NICE NG98, 2018).
- If the patient opted for a phone appointment, recommend using the loudspeaker.
- If the patient opted for a video call, confirm their telephone number at the start of the call, in case the video connection fails.
- Check whether the patient has already made progress with their hearing aid(s) and/or read the information provided in the fitting pack. This will guide the appointment and indicate what additional support might be required. The following steps give a general outline of what should be covered but this should be adapted dependent on the individual's needs.
- It will have been requested in the cover letter, that the patient attempts hearing aid insertion (and in the case of moulded hearing aids, trim the tubes to size), prior to the remote appointment. Check this and support as required.
- Counsel regarding acclimatisation and expectations
- Instruct in use and management of aids, including:
  - Hearing aid controls/ programmes
  - Battery insertion, safety, expected battery life and how to obtain batteries
  - Cleaning
- Discuss hearing tactics
- Discuss Sensory Services Referral and/or other sources of support
- Inform patient how to access remote repairs and self-help info; consider posting additional leaflets not included in the fitting pack, where required.

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- Ask if the patient has downloaded the BeMore app and connected their hearing aids; address queries, if within knowledge, or direct patients to GN’s customer service/ patient information.
- **Inform the patient that a follow up and satisfaction questionnaire will be posted to them in approximately 4 weeks to check how they are progressing with their new hearing aids; a freepost envelope will be included to return these once completed.**
  - Explain that these questionnaires will enable us to identify any issues and provide appropriate support; furthermore we are very keen to know how patients have experienced this new pathway, so we can improve the process.
- For existing hearing aid users explain that any old hearing aid(s) fitted by RBH should be returned, along with the completed questionnaires, in the provided envelope.
- Complete EPR outcome
  - Appointment completed successfully: order postal follow up in 4 weeks
  - DNA: if a video appointment had been agreed but the patient does not attend, try telephoning them in the first instance. If still unable to contact the patient, send a ‘Remote fitting DNA’ letter (see Appendix 9) which asks patient to contact the department.
  - If the patient struggled with a particular aspect of the appointment and you feel they may benefit from a further video/phone follow up, order another one.
  - If the patient was unable to hear you over the phone, or was experiencing other issues which you feel could not be overcome using a remote approach, move them to the ‘COVID Adult F2F fitting FUP’ waiting list on Auditbase\* and add the word **‘struggling’** to the start of the comments box. A Priority face-to-face FU appointment will be booked for these patients when government/ hospital guidelines allow.

*N.B. \*Face-to-face appointments are still heavily restricted; please ensure all remote options have been exhausted before using this list (e.g. another phone/video follow-up with a relative/carer/friend present to help, and encouragement to go through self-help information prior to appointment etc.)*

**Learning from the new process**

A ‘tips’ document has been created on Microsoft teams. This is intended as a space to record any tips learnt, or pitfalls identified, by clinicians following this SOP. Should you encounter difficulties whilst completing the remote fitting pathway or pick up any techniques that might aid patient care or clinic efficiency, please add them to the Microsoft Teams document. Sarah Murcott and Elaine Maynard will collate these and make changes to the SOP where needed.

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## Stage 4: Postal follow-up

### Part A- Sending out remote postal follow up

This will occur approximately 4 weeks after the remote fitting follow-up (Stage 3). The assigned clinician will send postal follow-ups to the patients on that week's 'Hearing Aid Postal' clinic list on EPR. Hotkey 74 (see Appendix 4) will be completed; the clinician will complete the following steps:

- Open the 'COVID Postal FU' template from AuditBase documents (this comprises both the postal FU and a satisfaction questionnaire).
- Add the patient's COSI goals OR if the patient does not have any COSI goals, remove section 4 from the form; save and print
- Print a copy of the 'Remote fitting cover letter Postal FU/Sat Q' from AuditBase documents. This document explains the importance of the questionnaires, reminds about acclimatization and self-help resources, and requests return of old RBH hearing aids.
  - If there is a clinical reason for a patient to retain an old hearing aid (e.g. only one hearing ear, patient is an ITE wearer etc.) remove the section on the cover letter which requests patients return their old hearing aid(s), before printing.

The envelope to the patient should include:

- Postal follow-up and satisfaction questionnaire
- Cover letter
- Two window envelopes (one for returning the postal follow-up and old hearing aids; one for returning the anonymous satisfaction questionnaire).

### Part B- Postal follow-up and satisfaction questionnaires received from patient

The clinician will complete the following steps:

- Add COSI outcomes to the AuditBase Questionnaires module
- If the patient reports no problems, complete hotkey 75 (see Appendix 4).
  - Record if the old hearing aids were returned
- If the patient reports issues, complete hotkey 76.
  - Clearly document any issues reported by the patient
  - Give the patient a ring to try and resolve their issues, complete hotkey 77. If the issue cannot be resolved over the phone, offer an additional video follow-up, if they accept this option order a video follow-up on EPR.
  - If all remote support options have been exhausted and the patient is still struggling, move them to the 'Covid Adult F2F fitting FUP' waiting list on AuditBase and add the word '**struggling**' to the start of the comments box.
- Update the ['Evaluation of Remote Fitting Pathway' spreadsheet](#)
  - Questionnaire received back from patient?
  - Were they satisfied or did they request help?
  - Did they return old hearing aids ?
  - Did the patient find access to the remote hearing aid fitting service useful, during the COVID-19 restrictions?
- Place the returned forms on the scanning pile in Audio 2.
- Place returned hearing aids in the appropriate recycling pot.

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## Stage 5: Evaluation of the pathway

Whilst developing this new process, to enable evolution and improve efficiency, the Senior AR team will co-ordinate monitoring and evaluation of the pathway. Evaluation tools will include the 'Evaluation of Remote Fitting Pathway' spreadsheet, satisfaction questionnaires and a Microsoft Teams shared document for staff feedback.

- Areas of interest will include:
  - Monitoring all patients on the 'COVID Adult Fitting Fup' waiting list, to ensure correct pathway completion
  - Patients' experience of the new pathway in general
  - Clinicians' experience of the new pathway in general
  - The experience of patients who are classed as 'new' vs. previous RBH hearing aid users
  - Number of patients accepting vs. declining remote fittings
  - The patients who were not contactable (despite multiple attempts)
  - Number of patients who reported being satisfied on their postal follow-up vs. those requesting further help
  - Number of completed Satisfaction Questionnaires received
  - Number of DNAs for Stage 3: Remote fitting follow-up
  - Number of hearing aids returned where requested
  - How long the 'initial contact' phone call took
  - How long to coupler fit (from connection to putting the aids into the fitting pack)
  - How long the 'remote fitting FU' video/phone call took

**Commented [DM3]:** How will this be tracked as pts get moved off this list as they move through the pathway?

**Commented [DM4]:** Is this where we define new as never worn aids before, didn't wear old ones, swapped from thin tubes to moulds or vice versa?

The Senior AR team will also organise:

- Contacting of those patients requiring further support and/or those who did not respond to the postal follow up.
- 'Quality' spot checks, including checking that:
  - All appropriate documentation has been completed
  - Appropriate management decisions have been taken

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## CAT (Admin) Team Processes

### For each patient on the 'COVID coupler fit completed' waiting list on AuditBase:

- Book the appropriate fitting appointment on EPR (see the information column for details e.g. Fit1/2, AQP/non-AQP)
- Check them in and out on EPR
- Book an 'Audiology Adult Video Follow up' or 'Audiology Adult Telephone Follow up', depending on what the clinician has specified in the information column, for 3 weeks' time (this should be 3 weeks after the fitting pack has been sent and the patient was moved on to this waiting list).
  - Send the appointment letter out to the patient
  - Please include an 'attend anywhere leaflet' [Z:\AA\\_corona\\_service\Admin Pathways\AA\\_Audiology information card .pdf](Z:\AA_corona_service\Admin Pathways\AA_Audiology information card .pdf) for all video appointments
- Once the above steps are completed, remove the patient from the 'COVID coupler fit completed' AuditBase waiting list.

### For patients who have had a successful video or telephone follow-up:

- The clinician will order a postal follow-up; these should be booked onto the 'Hearing Aid Postal' clinic list on EPR, in the usual way.

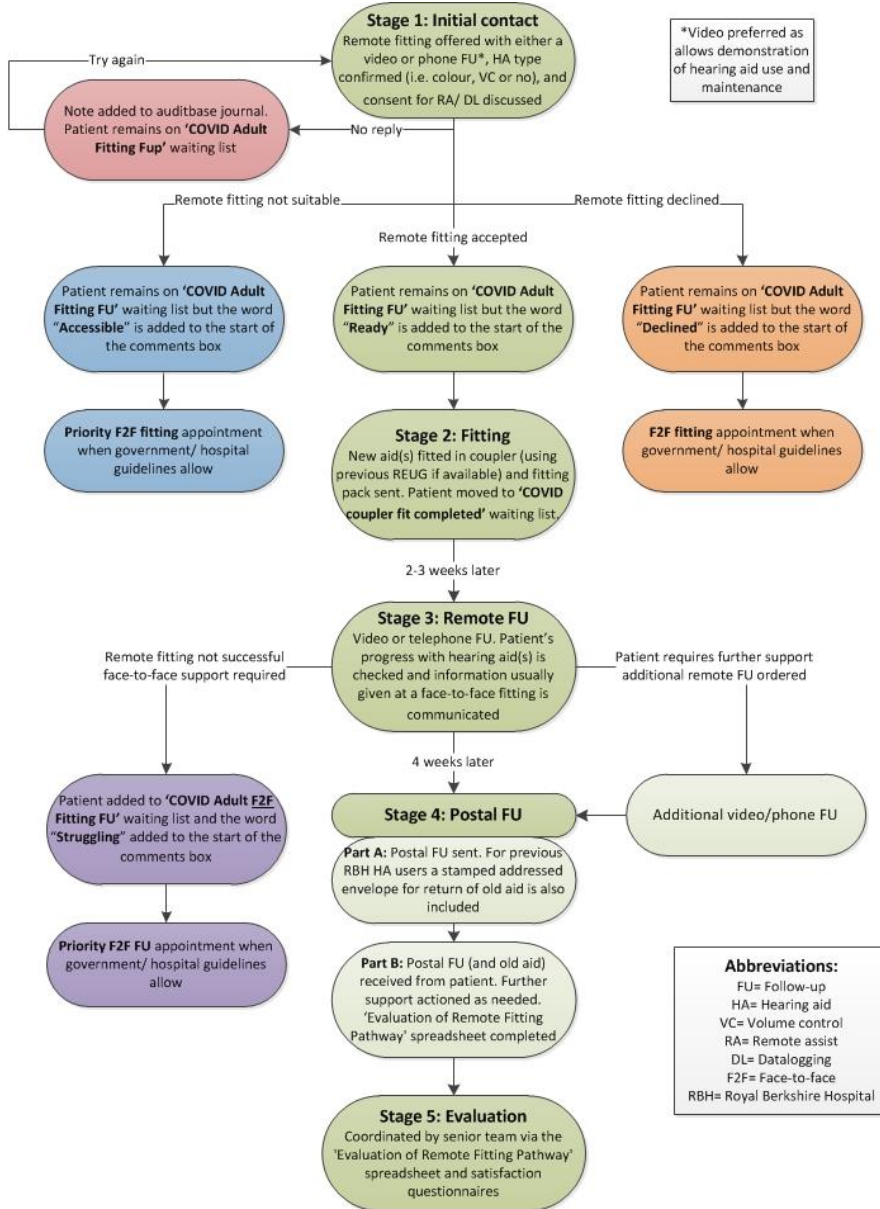
### Other EPR:

- Clinicians might order additional phone or video fitting follow ups if patients return their postal follow up reporting problems. Please pick these up from the 'to-be-scheduled' list on EPR and book when a slot is next available, allowing for the post.
- Should patients call in asking for a face-to-face appointment, please explain that there are on-going restrictions to appointments due to COVID-19. Offer a video/phone appointment: 'If you speak to a clinician via video/phone they will try to help and if they cannot help remotely, they will agree an alternative plan with you'. Should the patient agree to this, arrange another video/phone follow up depending on patients preference (ideally video as this allows the clinician to demonstrate techniques and the patient can show us things about their aids).
- If a patient calls in wanting more information with regards to **Remote Assist consent**, then please let Miriam and Lauren know – they will contact the patient.

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## Appendix 1 Flowchart depicting the Adult Rehab Remote Fitting pathway



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## Appendix 2

### Clinician Check List

#### Stage 1: Initial contact

- If no answer, note it down on Auditbase (pt stays on the 'COVID Adult Fitting Fup' waiting list and someone will try to call them at a later date.
- Check patient ID and verify their address
  - A) **For patients referred from ENT, who have a recent audiogram, but have not yet had an assessment appointment with audiology:** introduce where the referral came from and the context of the appointment, before undertaking a wider history and debrief. If the patient confirms they would like to try hearing aid/s, follow the process detailed below.
  - B) **For patients who have already had an assessment with audiology and agreed to trial hearing aids:** explain that we are contacting them regarding their hearing aid fitting which was arranged pre COVID-19, before following the process detailed below.
- Offer a remote fitting. See SOP for suggested script to explain to patients what this would entail.
- Is the patient happy for a remote fit? Yes > go to **Route A**. No > go to **Route B**. Go to **Route C** if the remote pathway is not accessible for the patient.

#### **Route A (Remote fit accepted)**

- Introduce some of the new features available on the Ambio (giving more or less detail dependent on the patient's interest) e.g. *"Since we last saw you we have started fitting a new range of hearing aids, one exciting feature of these new aids is the ability to connect them to a smartphone app which allows you to change programs, make adjustments to the sound and can even help you find your hearing aids if you lose them, right from your mobile phone."*  
This will provide a foundation of understanding for remote assist consent discussions.
- Ask patient's consent for data logging
- Ask consent for remote assist, Part's A and B (***the patient needs to be informed which aspects of their personal data will be shared with GN if they consent- see the remote fitting SOP for a suggested script***)
- If currently wearing hearing aids, check if they are using VC and the programme button and if they would like similar controls on the new hearing aids.
- Check they are happy with the size of their domes and thin tubes at this stage (if applicable)
- Discuss acclimatisation and set expectations
- Mention the hearing aids will come in a pack with instructions and they will be ready to use them straight away as these have been fine tuned to their hearing loss.

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- Explain reasons of possible feedback, including wax, and how this can be fixed until we can see them (e.g. reducing volume if they have a VC, requesting adjustments remotely, requesting more occluding dome etc.)
- Explain we would like the old hearing aids back and we'll give more info about this at a later stage but to keep hold of the current hearing aids
- Check whether they'd prefer a Video or Phone follow up in 3-4 weeks - suggest video follow up as we will be able to demonstrate how to use the hearing aids and check insertion if this is an issue. Family members are welcome to join in the appointment and help with IT if required by patient
- Discuss battery safety
- Complete the planned actions section, including the model and colour of hearing aids chosen (and side) in Hot Key
- Update the Auditbase waiting list by adding 'ready' at the beginning of the comment

**Route B (Remote fit declined)**

- If patient declined a remote fitting explain that no face to face appointments are available currently and it is likely to be several months before we will be able to restart
- Explain they can get back in touch with us within the next 12 months to arrange a remote fitting, should they change their mind, or a face to face fitting if the government and hospital restrictions allow
- Send a 'declined remote fitting' letter to the GP and patient
- Update the Auditbase waiting list by adding declined at the beginning of the comment

**Route C (Remote fit deemed inaccessible for patient)**

This route is intended for those patients for whom the remote fit pathway is not accessible, this may include some patients with intellectual or cognitive disabilities, those who struggle significantly hearing over the phone or have major significantly reduced dexterity. **Please read the remote fitting SOP carefully to understand which patients meet the criteria for this route.**

- Check if the pathway could be made accessible through additional support. This might include inviting (with the patient's permission) a relative or carer to the follow up video/ telephone call. If you are sure a remote fit cannot be made accessible for the patient then:
- Send a 'Unsuitable for remote fit' letter to the GP and patient (see appendix 7)
- Keep the patient on the 'COVID Adult Fitting Fup' AuditBase waiting list but add the word "Accessible" to the start of the comments box.
- On the management plan of the hotkey give an explanation of why the remote fitting pathway is not deemed accessible for the patient.

**Stage 2: Programming and sending the hearing aid(s)**

- Select a patient who has been marked as 'ready' in the "Covid Adult Fitting FUP" waiting list on Auditbase
- Before starting the fitting check the 'First phone call' entry to determine the type of hearing aids that are to be fitted and details about additional settings, VC etc.

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## SOP – Adult Rehab Remote Fitting

- If the patient is an existing HA user consider keeping into account previous use/preferences/prescription and use the same size of thin tubes (and domes if still appropriate for hearing loss). We can provide spare thin tubes and domes for these patients.
- If new users please use 0B thin tubes for women and 1B for men, unless otherwise specified, and do not provide spare set in case they are the wrong size.
- If fitting a new mould, trim the tube to 4cm for men and 3.5cm for ladies and then attach it to the hearing aid before sending it to the patient
- Connect the hearing aids and fine tune them in the coupler. Use NALNL2 unless contraindicated or valid reason not to. Consider keeping BC into account if required. For first time users you may want to select 'new user' under experience in the parameters in Otosuite
- Run DFS in the 'leaky coupler'
- Enable or disable the datalogging depending on what the patient consented to – see 'First phone call' entry
- Activate Remote Assist if required
- Save the hearing aids settings in the session and on the hearing aids
- If fitting bilateral hearing aids add the red and blue markers
- Put the hearing aids in their box with the sponge protection
- Put together the fitting pack and tick off what you have included on checklist in the Fitting Pack Booklet
- Complete Blue Book p29 with hearing aid and battery details
- Complete the REMOTE FITTING part of the hotkey
- Move the patient to 'Covid coupler fit completed' waiting list on AB (Fit1/Fit2, AQP/non-AQP, phone/video FU in the comment

### Stage 3: Remote fitting follow-up (2-3 weeks after aids have been sent)

The aim of this follow up is to provide information you would normally provide at the fitting appointment. It will either be phone or video call, depending on which option the patient has chosen. Find your allocated list on EPR

- If phone FUP, recommend using the loudspeaker. If video calling, check their telephone number in case video fails
- Fill in the 'Remote fitting FUP' part of the hotkey. Cover all questions as per NICE guidelines
- If video calling you will be able to check insertion and show the patient how to clean/maintain the hearing aid(s) - you may want to ask to see how the aids are sitting over their ear to verify tubing size
- Mention self-help videos if appropriate
- Consider posting additional leaflets not included in the fitting pack if required
- Mention about a follow up and satisfaction questionnaire about 4 weeks after this follow up to check progress with the new hearing aids.
- Postal FUP: will be sent out in the post with freepost envelope
- Patient informed old hearing aids will have to be returned

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- Complete EPR outcome
  - ~ FUP completed successfully: order postal/virtual follow up in 4 weeks
  - ~ DNA: if video try calling on the phone. If unable to contact patient send 'remote fitting DNA' letter for pt to contact us
  - ~ if you feel the patient might benefit from another video/phone follow up, order another one
  - ~ if the patient was unable to hear you over the phone/significant difficulties with dexterity/other issues that prevented completing the remote appointment successfully add the word 'struggling' at the beginning of the comment and move them to the 'Covid Adult F2F fitting FUP' waiting list on Auditbase. Before using this list consider other options (e.g. another phone/video appt and ask if relative/carer can be present to help, if pt not ready booklet to read first, etc.)

**Stage 4: Postal follow-up (4 weeks after the 'remote fitting follow-up')**

- Documents to post: postal follow up, satisfaction questionnaire, cover letter why it's important to return your old hearing aids (if applicable, see SOP for more details)
- Include 2 envelopes? (x1 for the postal follow up and the hearing aids; x1 for the anonymous satisfaction questionnaire)

Once the follow up and satisfaction questionnaire forms have been sent back:

- Upload the documents on AB
- Complete the hotkey. If any issues, please state them clearly on the journal
- If the patient has requested to be contacted by an audiologist, then request a phone or video follow up on EPR (depending on which option the patient has chosen previously). Only move them on the 'Covid Adult F2F fitting FUP' waiting list if exhausted other options
- Document if the old hearing aids have been returned
- Update the Excel spreadsheet

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### Appendix 3

#### Adult rehab remote fitting- Summary of Auditbase waiting lists

WAITING LIST	WHEN	WORDS TO ADD (+ CURRENT NOMENCLATURE)
ADULT COVID FITTING FUP	Check on this list for patients to contact for stage 1 (initial contact call). Currently labelled as 'new' (new users, from thin tube to mould or vice versa, existing users who did not get along with the HAs and have not worn them) and 'exp' (experienced)	<ul style="list-style-type: none"> <li>• Ready</li> <li>• Accessible</li> <li>• Declined (admin to move to EPR deferred list)</li> </ul>
COVID COUPLER FIT COMPLETED	Move patients to this list once their fitting pack has been posted	<ul style="list-style-type: none"> <li>• Fit1 / Fit 2</li> <li>• AQP / non-AQP</li> <li>• Video / phone follow up</li> </ul>
COVID ADULT F2F FITTING FUP	<p>Move to this list those patients who have already received their new HAs and struggled at the remote follow up.</p> <p>On occasions you may want to add patients who have reported issues on the postal FUP.</p> <p>It is important that we try and resolve the issues remotely before considering adding patients to this list (e.g. arrange another remote apt, ask them to have someone with them during the apt, ask them to read booklets first/self-help videos etc)</p>	<ul style="list-style-type: none"> <li>• Struggling</li> </ul>

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## Appendix 4 Hot Keys for all Remote Fitting Stages

Remote fitting Stage 1: Initial contact

### FITTING First Phone Call

**AQP / Acute: Why?**

**People present:**

**Patient name and DoB checked:**

**Current address checked:**

**COSI goals reviewed:**

**Any changes/comments:**

**Current HA(s)** (verify colour/VC and programmes used):

**Ambio features explained:** Yes/No

**Patient consented to data logging:** Yes/No

**Patient consented to Remote Assist:** Yes (Part A & B)/ Yes Part A only / No

Pt requested email copy of Remote Assist consent T&Cs: Yes (email address checked)/No (also available on BeMore app)

*(When taking consent, if it is unclear whether the patient comprehends what you are asking them, it may be appropriate to consult a family member/ carer (if present). Should you feel the patient lacks capacity to consent to datalogging, please switch datalogging OFF.*

*Similarly, should you feel the patient lacks capacity to consent to remote assist, do NOT enable remote fine-tuning)*

Discussed acclimatisation, expectations and use of good communication tactics

**Discussed battery safety with patient**

### **Completed Actions:**

Pt agreed remote fitting:

- updated AB waiting list (add **'ready'** to comment box)

Pt declined remote fitting:

- pt to contact us within the next 12 months if willing to have a remote fitting

- declined remote fitting letter sent to pt and GP

- updated AB waiting list (add **'declined'** as first word in comment box)

Pt having significant difficulties hearing over the phone/dexterity issues/new user not confident with remote appointment/has no access to technology required for remote apt/dementia/ALD (please delete as appropriate):

- updated AB waiting list (add **'accessible'** as first word in comment box)

### **Planned Actions:**

Fit (HA type/colour):

Data logging: enabled/disabled

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VC: enabled/disabled

Additional programmes requested:

Pt chose video/phone remote follow up

Include copy of consent T&C for Remote Access (delete if not required)

**Any further info:**

---

## Remote fitting Stage 2: Fitting

### REMOTE FITTING

**Clinician:**

**HA(s):** (please state the size of thin tubes and domes)

**Fitting method** (coupler/RECD):

**Prescription target used:**

**Match to target:** Within tolerance/Good match within limitations of open fit/used previous hearing aid settings/unable to match due to

**Programmes:**

- 1)
- 2)
- 3)

**Autorelated** - including bluetooth options

**VC:** activated / deactivated / n/a

**Smartstart:** enabled/disabled

**Remote Assist:** enabled (pt consented) / disabled at pts request

**Datalogging:** enabled (pt consented) / disabled at pts request

**Any further info:**

**HA(s) and fitting pack posted to pt.**

**Additional information sent out along with hearing aid(s)**

-  
-  
-

**Planned Actions:**

- Phone follow-up
- Video follow-up (email address checked and updated on EPR)

-

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### Remote fitting Stage 3: Fitting FU

#### REMOTE FITTING FUP: Video/Phone (suggested loudspeaker if on phone)

**People present:**

**Patient name and DoB checked:**

**Has the patient been wearing the HA(s) already?** Yes/No

Reason why not worn the HA(s):

**Has the patient read the information included in the pack?** Yes/No

**Pt reports:** (how often, when, sound comfort, fitting comfort, any issues or questions)

**Sound quality:**

**Handling:** pt reports

**For video calls:**

Checked insertion Y/N

Observed and checked fit of thin tube and dome or moulds Y/N

Patient counselled regarding acclimatisation and expectations Y/N

Instructed in use and management of aids, including use of batteries

Instructed on battery insertion, battery life and battery provision Y/N

Explained use of controls Y/N/not applicable

Discussed hearing tactics Y/N

Discussed Sensory Services Referral and/or other sources of support Y/N

Made pt aware of how to access remote repairs and self-help info Y/N

Pt aware of BeMore app Y/N

Pt has received Departmental info booklet Y/N

Discussed battery safety with patient Y/N

**Planned Actions:**

- postal follow-up ordered on EPR for 4 weeks' time
- another phone / video follow-up required: why?
- pt aware and reminded that previous HA(s) are to be posted back (delete if not applicable)
- pt struggling significantly to complete remote appointment: add 'Struggling' as first

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## Remote fitting Stage 4: Postal FU

**Part A- Sending out remote postal follow up****Remote Fitting Postal FU:****IMP Checked**

- Questionnaire sent to enquire how patient is doing and to inform whether future management is required (COSI goals added to form **or** Removed section 4 from the form as patient has no COSI goals)
- Questionnaire asks patient to return old RBH hearing aid/s with questionnaire and cover letter explains the policy and why it is beneficial to the hospital **or** Removed section on questionnaire and the policy in the cover letter about returning old aid/s if there is a clinical reason not to request old aid back. (e.g. only one hearing ear/ITE wearer)
- Patient updated in cover letter on importance of questionnaire, acclimatisation, GN customer service and App support at GN.com and reminder of fit pack self-help.
- Satisfaction Questionnaire posted

**Part B- Received remote postal follow up, no problems****Remote Fitting Postal FU**

Form received from patient. No reported problems. Care pathway complete

- Patient sent back old hearing aid/s with questionnaire? **Y/N**
- Added patient to the Evaluation of Remote Fitting Pathway' spreadsheet
- The questionnaire is scanned and saved to AuditBase documents and COSI outcomes added under Questionnaires

**Part B- Received postal follow up, patient has problems****Remote Fitting Postal FU:**

Form received from patient.

- Is the patient having significant difficulties with hearing aid/s and needing an audiologist to contact them? **Y/N**
- If yes to above, has a phone or video follow up been ordered on EPR? **Y/N**
- If phone or video follow up is not possible and F2F required, place patient on the 'Covid Adult F2F fitting FU' waiting list
- Patient sent back old hearing aid/s with questionnaire? **Y/N**
- Added patient to the Evaluation of Remote Fitting Pathway' spreadsheet **Y/N**
- The questionnaire is scanned and saved to AuditBase documents and COSI outcomes added under Questionnaires

**Remote Fitting Telephone FU:**

**Caller:**

**Outcomes:**

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## Appendix 5

### Suggested script for consent discussions during initial contact

#### Consent and vulnerable patients:

When taking consent, if it is unclear whether the patient comprehends what you are asking them, it may be appropriate to consult a family member/ carer (if present). Should you feel the patient lacks capacity to consent to datalogging (see below on the mental capacity act), please switch datalogging OFF. Similarly, should you feel the patient lacks capacity to consent to remote assist, do NOT enable remote fine tuning.

#### Datalogging:

*"The hearing aids are automatically set up with a data log which records how long the hearing aids have been used and on which program. This can be useful for us to determine if any changes in the fitting are needed. Would you be happy with this? If not, we can deactivate this feature on your hearing aids."*

**Triage question (before discussing GN assist):** *"Are you happy using smartphone apps? If so, the new hearing aids have a feature you may be interested in."*

If the patient answers 'no' then there is no need to discuss GN assist further. If the patient answers 'yes', proceed with the script below.

#### Remote assist:

*The new hearing aids have a really exciting feature which means that if you are having problems with the sound you can send us, Royal Berkshire Audiology, a request for assistance from your smartphone describing the issues you are experiencing (you would need to download the free 'BeMore' app on your phone). We can then remotely send you updated settings to try out, which you can download to your hearing aids using your smartphone. You can try the new settings out and then choose whether to accept or reject them (you can always go back to what you had before).*

*For this remote communication to work, you would need to consent to some of your personal information being processed online by GN Online Services (**Part A** of consent doc), such as:*

- Your name and email address
- Hearing levels
- Length of time you use your hearing instrument
- HA serial number
- HA settings

*GN (the HA manufacturer) also separately asks for your consent to process some additional information about you and your hearing aids, so they can develop and improve their products (**Part B** of consent doc).*

#### **(If patient asks for more detail/ what information is collected):**

*This includes, amongst other things: DOB, gender, experience with hearing aids, measurements of hearing loss, and information about how the aids deal with background*

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*noise. You do not have to consent to this bit to receive remote assistance; however it enables the manufacturer to improve the service and allows the audiologists to more easily identify requests for assistance\*.*

\*Without Part B consent the patient's DOB is not shared with GN Online Services, therefore it would be harder to differentiate between assistance requests from patients with the same name (can be done using HA serial numbers but less efficient).

*Would you be happy for me to check the consent box for Part's A and B now? I will email you a copy of the full terms and conditions; these are also accessible via the BeMore app. If you change your mind once you have read the full terms and conditions you can withdraw your consent at any time by contacting us; once this has been registered on the system, all further processing of your information would stop. You would no longer be able to use the Remote Assist feature however you would still have the option to control your hearing aid settings via the BeMore app.*

**Mental Capacity**

The Mental Capacity Act (MCA) is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. It applies to people aged 16 and over<sup>ii</sup>.

Inability to make decisions

A person is unable to make a decision for themselves if they are unable<sup>iii</sup>

- to understand the information relevant to the decision
- to retain that information
- to use or weigh that information as part of the process of making the decision
- to communicate the decision (whether by talking, using sign language or any other means)

An overly technical explanation which is beyond the scope of the patient's understanding does not indicate a lack of mental capacity. It is important that explanations are given at a level that the patient can understand them.

<sup>ii</sup> <https://www.nhs.uk/conditions/social-care-and-support-guide/making-decisions-for-someone-else/mental-capacity-act/>

<sup>iii</sup> <http://www.legislation.gov.uk/ukpga/2005/9/section/3>

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## Appendix 6 Declined Remote Fitting Letter

Dear ####

**Audiology**  
Royal Berkshire Hospital  
London Road  
Reading RG1 5AN

Telephone: (0118) 322 7238  
Email: [audiology.royalberkshire@nhs.net](mailto:audiology.royalberkshire@nhs.net)  
Web: <http://www.royalberkshire.nhs.uk/audiology>

Letter date:

We are writing to update you regarding your deferred hearing aid fitting with Audiology. You were offered a remote fitting but expressed a preference for a face to face appointment. Unfortunately, it is still the case that we are unable to offer any face to face appointments. This is unlikely to change in the near future and we anticipate it is likely to be several months before we are able to see patients face to face; even this is uncertain owing to the complex nature of social distancing within a healthcare setting.

If you feel this is too long to wait and would like to try hearing aids that have been fitted remotely then please contact the department using the contact details above. We will then set up your hearing aids to your prescription and post them to you, along with a fitting pack of accessories, instructions and further guidance through a video or phone appointment.

Unless we hear from you to the contrary, we will assume that you wish to remain on the waiting list for a face to face appointment in the future, once this becomes possible.

Yours sincerely

Audiology

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## Appendix 7 Unsuitable for a remote fitting



Dear #####

Re- hearing aid update

We are writing to update you regarding your deferred hearing aid fitting with Audiology. You had a hearing assessment with Audiology/or ENT, prior to the social distancing restrictions necessitated by COVID-19. At this time, it was agreed with you to trial new hearing aid/s.

Unfortunately, due to the complexity of managing current social distancing requirements in the health care setting, it is still the case that face to face appointments are restricted.

We recently spoke to you to discuss the option of a remote hearing aid fitting, including receiving the hearing aids through the post. However, it was agreed that it would be preferable for you to wait until face-face options return. We are aware that there are limitations to remote appointments, when compared to face-to-face appointments, which can make them unsuitable for some patients. Therefore, please be reassured that you will be prioritised for face-to face hearing aid support once this can be offered. We will contact you regarding this nearer the time.

If you are experiencing severe difficulties communicating with your family or other important people around you, please contact the department using the details above so that we can look at temporary options with you.  
Yours sincerely

Audiology

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## Appendix 8

### Self-help resources to signpost patients to

Topic	Self-help resources
<b>Hearing aid troubleshooting</b> e.g. no sound, too quiet, feedback, double beeps on start-up	<b>Written information</b> <ul style="list-style-type: none"> <li><a href="#">Troubleshooting table- Covid version</a></li> </ul> <p><i>This is a modified version of the table found in 'Your hearing aid' booklet, pages 15-16 (it does <b>not</b> advise pts to attend repairs and provides the new repairs email address and phone number)</i></p> <b>Videos</b> GN Instructional videos: <ul style="list-style-type: none"> <li><a href="#">Troubleshooting: No sound coming from my hearing aid</a></li> </ul>
<b>Hearing aid cleaning and maintenance</b>	<b>Written information</b> <ul style="list-style-type: none"> <li><a href="#">'Your hearing aid' booklet page 9 (moulds) or page 10 (thin tubes).</a></li> </ul> <b>Videos</b> RBH Audiology YouTube channel: <ul style="list-style-type: none"> <li><a href="#">General cleaning and maintenance of hearing aids</a></li> <li><a href="#">Cleaning and Maintenance - Mould Fitted Hearing Aids</a></li> <li><a href="#">Cleaning and Maintenance - Open Fit Hearing Aids</a></li> </ul>
<b>Changing hearing aid batteries</b>	<b>Written information</b> <ul style="list-style-type: none"> <li>Remote fitting pack section: 'How to insert your hearing aid batteries'</li> <li><a href="#">GN- Turning on/off and changing batteries</a></li> </ul> <b>Videos</b> RBH Audiology YouTube channel: <ul style="list-style-type: none"> <li><a href="#">Tips for changing hearing aid batteries</a></li> </ul>
<b>Changing tubes</b>	<b>Written information</b> <ul style="list-style-type: none"> <li><a href="#">'Your hearing aid' booklet pages 11-12 (moulds) or page 13 (thin tubes).</a></li> </ul>

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	<p><b>Videos</b></p> <p>RBH Audiology YouTube channel:</p> <ul style="list-style-type: none"> <li>• <a href="#">Changing Your Tubing - Mould Fitted Hearing Aids</a></li> <li>• <a href="#">Cleaning and Maintenance - Open Fit Hearing Aids</a></li> </ul> <p>GN Instructional videos:</p> <ul style="list-style-type: none"> <li>• <a href="#">How to retube an Earmould</a></li> <li>• <a href="#">How to change a slimtube on a hearing aid</a></li> </ul>
<b>Insertion</b>	<p><b>Written information</b></p> <ul style="list-style-type: none"> <li>• <a href="#">‘Your hearing aid’ booklet page 3 (moulds) or page 4 (thin tubes).</a></li> </ul>
	<p><b>Videos</b></p> <p>RBH Audiology YouTube channel:</p> <ul style="list-style-type: none"> <li>• <a href="#">How to Insert your Hearing Aids - Mould Fitted Hearing Aids</a></li> <li>• <a href="#">How to Insert your Hearing Aids - Open Fit Hearing Aids</a></li> </ul> <p>C2Hear videos:</p> <ul style="list-style-type: none"> <li>• <a href="#">Open fit insertion</a></li> <li>• <a href="#">Mould insertion</a></li> </ul> <p>GN instructional videos:</p> <ul style="list-style-type: none"> <li>• <a href="#">How to insert an Earmould</a></li> <li>• <a href="#">How to insert a slimtube</a></li> </ul>
<b>Acclimatisation</b>	<p><b>Written information</b></p> <ul style="list-style-type: none"> <li>• <a href="#">‘Your hearing aid’ booklet pages 7-8</a></li> </ul>
	<p><b>Videos</b></p> <p>C2Hear videos:</p> <ul style="list-style-type: none"> <li>• <a href="#">How to adapt to wearing your hearing aids</a></li> </ul>
<b>Telephone use, loops and assistive listening devices</b>	<p><b>Written information</b></p> <ul style="list-style-type: none"> <li>• <a href="#">9 useful smartphone apps for hearing-impaired people</a></li> </ul>

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	<p><b>Videos</b></p> <p>C2Hear video:</p> <ul style="list-style-type: none"> <li>• <a href="#">How to use telephones, loops and other devices</a></li> </ul>
<b>Communication tactics</b>	<p><b>Written information</b></p> <ul style="list-style-type: none"> <li>• <a href="#">‘Information for audiology patients’ booklet pages 16-17</a></li> <li>• <a href="#">AOHL Covid times communication tips poster</a> (gives additional tips for when the speaker is wearing a face covering)</li> </ul>
	<p><b>Videos</b></p> <p>C2Hear video:</p> <ul style="list-style-type: none"> <li>• <a href="#">How to listen well: Communication tactics</a></li> </ul>
<b>BeMore App/ Remote assist</b>	<p><b>Written information</b></p> <p>GN Patient information sheets:</p> <ul style="list-style-type: none"> <li>• <a href="#">How to Connect Your Hearing Aids to the BeMore app- Android</a></li> <li>• <a href="#">How to Connect Your Hearing Aids to the BeMore app- iOS</a></li> </ul>
	<p><b>Videos</b></p> <p>GN Instructional videos:</p> <ul style="list-style-type: none"> <li>• <a href="#">How to use the BeMore App with your Ambio Hearing Aids</a></li> <li>• <a href="#">How to request assistance from your Audiologist using the BeMore App</a></li> <li>• <a href="#">How to rate my sound using the BeMore app</a></li> <li>• <a href="#">How to install your new hearing aid settings using the BeMore app</a></li> <li>• <a href="#">Troubleshooting the BeMore app</a></li> </ul>
<b>Wax management</b>	<p><b>Written information</b></p> <ul style="list-style-type: none"> <li>• <a href="#">RBH ‘Looking after your ears’ factsheet</a></li> <li>• <a href="#">AOHL Covid times advice for ear wax build-up</a></li> </ul>

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## Appendix 9 DNA remote fitting follow up



Dear #####

Re: **Unable to contact you for your hearing aid fitting remote follow up**

**Audiology**  
Royal Berkshire Hospital  
London Road  
Reading RG1 5AN

Telephone: (0118) 322 7238  
Email: [audiology.royalberkshire@nhs.net](mailto:audiology.royalberkshire@nhs.net)  
Web: <http://www.royalberkshire.nhs.uk/audiology>

Scheduled phone/video appointment date:  
Letter date:

You were recently sent your new hearing aids and we hope you have received them and have been able to use them successfully. We arranged a video/telephone follow up appointment to monitor your progress and deal with any problems or difficulties you may have encountered, covering aspects that would normally have been covered during your face to face appointment. However, we were unable to contact you at the prearranged time. Please contact the department to arrange an alternative appointment so that we can update your records and be confident that you are using your hearing aids as advised and informed of everything you need to know. Please also notify us if any of your contact details have changed.  
Phone: 0118 322 7238 Email: [audiology.royalberkshire@nhs.net](mailto:audiology.royalberkshire@nhs.net)

If you have decided that you do not wish to use the hearing aids then please return them by post to the address below. Please also enclose your name, and a note confirming that that the hearing aids are being returned.

**Audiology**  
**Royal Berkshire Hospital**  
**London Road**  
**Reading**  
**RG5 1AN**

A copy of this letter has been sent to your GP to update their records.  
Yours sincerely,  
Audiology

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