Introduction
The North Wales Cochlear Implant service introduced Cochlear™ Remote Check in August 2020. During this period the team adapted to adapt how they delivered certain aspects of the service due to COVID-19. Cochlear™ Remote Check was seen as a good alternative to our annual review appointments and was offered to all patients who were suitable. Service users who have a Nucleus N7 or Kanso 2 processor can complete a battery of tests using their compatible mobile device via the Nucleus Smart app, while in the comfort of their home.

In March 2022, as restrictions were easing, we evaluated the change made to the service. We felt it important to obtain both service users’ and clinicians’ opinions regarding the implementation of Cochlear™ Remote Check to replace routine annual review face to face (F2F) appointments.

Method
Data was collated from Cochlear Portal and Auditbase. Two questionnaires were designed, one for service users and one for clinicians. The service user questionnaire had six objective questions, four multiple choice questions and two open-ended questions for comments. The clinician questionnaire consisted of seven questions which included three multiple choice and four open ended questions. The questions were aimed at capturing ease of use, preferred method (remote check or F2F) and time to complete the check.

Service user questionnaires were sent to 22 patients who had completed a remote check in the last 3 months (December 2021-March 2022). Clinician questionnaires were sent to all audiologists who work in the North Wales Cochlear Implant service (N=6). The questionnaire was sent via an email with word attachment, or a link to a Microsoft form.

Results
- Total enrolled onto Cochlear™ Remote Check N=54 (12% caseload).
- Total of remote checks completed since August 2020 N= 99

Actions from the completed checks:
- No further action: 70%
- Clinic visit required: 22%
- Other action required: 8% e.g. sending links to info video

Cochlear Remote checks took an average ~30 minutes for a clinician to review, instead of an hour for a face to face appointment. This generated a clinician time saving of 35 hours clinician to review, instead of an hour for a face to face appointment.

Questionnaire Data:
Service user questionnaires were sent to 22 users with 7 responses (31% response rate).

Q1 How would you rate the ease of use of Cochlear™ Remote Check?

Q2 How much do you agree with the following statements: Cochlear™ Remote Check reviewing is an efficient use of my clinical time?

Q3 How much do you agree with the following statements: Cochlear™ Remote Check is an appropriate alternative to an Annual face to face review?

Q4 How much do you agree with the following statements: Cochlear™ Remote Check software could be improved.

Q5 Which method do you prefer for your annual review appointment?

Q6 How much do you agree with the following statements: Cochlear™ Remote Check is a great service to offer to patients.

Q7 How long does it take to complete the process of reviewing patients Cochlear™ Remote Check including completing all administration tasks?

Q8 Who do you feel that Cochlear™ Remote Check is more convenient, however when it comes to choosing the preferred method of review, more preferred F2F appointments.

For a subgroup of patients it is convenient, modern way of keeping in touch with the CI centre and also allows a quick check/reassurance should there any problems arise.

Summary
Service users feel that Cochlear™ Remote Check is more convenient, however when it comes to choosing the preferred method of review, more preferred F2F appointments. One service user commented that having the ability to adjust the processor settings would make remote check more convenient. As a service we will continue to offer cochlear Remote Check as an option, with the understanding that annual reviews can be continue to be requested via the service user’s preferred method. We feel there remain barriers to overcome to create a smoother remote care service, including patient education and training and patient access to technology. Significant clinician time has been used to support the initial set-up and delivery of Remote Check, but hopefully once established this will become a time-releasing development.

The future: Once remote programming is available alongside remote check, remote care may be more attractive to our CI users.