

The development, utilisation and benefits of discharge criteria in paediatric audiology

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Introduction

The recent British Academy of Audiology quality standards in paediatric audiology (2022) states that discharge from audiological services should follow criteria which are documented in policies either through national or local guidance. As there are currently no such national standards for children being assessed in paediatric audiology post newborn hearing screening programme, we aimed to formulate and implement departmental discharge criteria, before evaluating adherence to this.

Methodology

Phase 1: Formulation of the discharge criteria

- We conducted a service evaluation of all new referrals made to the Children's Hearing Centre (CHC) over a 2 month period that were discharged after their first appointment.
- The aim of this was to get an overall picture of the levels of assessment and results that we were frequently discharging patients on.
- This data was collated and presented within the department.
- Following consultation with all clinical staff at CHC, discharge criteria were formulated.
- These criteria were written into standard operating procedures and disseminated amongst staff.

CHC discharge criteria

Gold Standard

Ear specific behavioural assessment ≤ 20 dB HL at 4 frequencies (0.5-4 kHz).
 Mobile tympanograms
 Documented findings on otoscopy
OR
 Soundfield behavioural assessment ≤ 25 dB HL at 4 frequencies (0.5-4 kHz).
 OAEs - bilateral clear responses (in at least 3 bands, 1.5 to 4 kHz, ≥ 6 dB SNR)
 Mobile tympanograms
 Documented findings on otoscopy

Silver Standard

Soundfield behavioural assessment ≤ 25 dB HL at least 3 frequencies (between 0.5-4kHz)
 Documented findings on otoscopy
 No parental concern
 Well documented attempts at all other procedures

Bronze Standard

If the child has been discharged, where minimal standard has not been met, ensure all of the following:

- at least one baby/big special appointment has been offered,
- all documentation, including the report, to include clear justification for discharging patient without meeting minimal standard,
- there is no parental concern,
- an appointment should be offered at 4/5 years in order to attempt an ear specific hearing assessment and parents should be aware that this can be brought forward if significant concerns arise

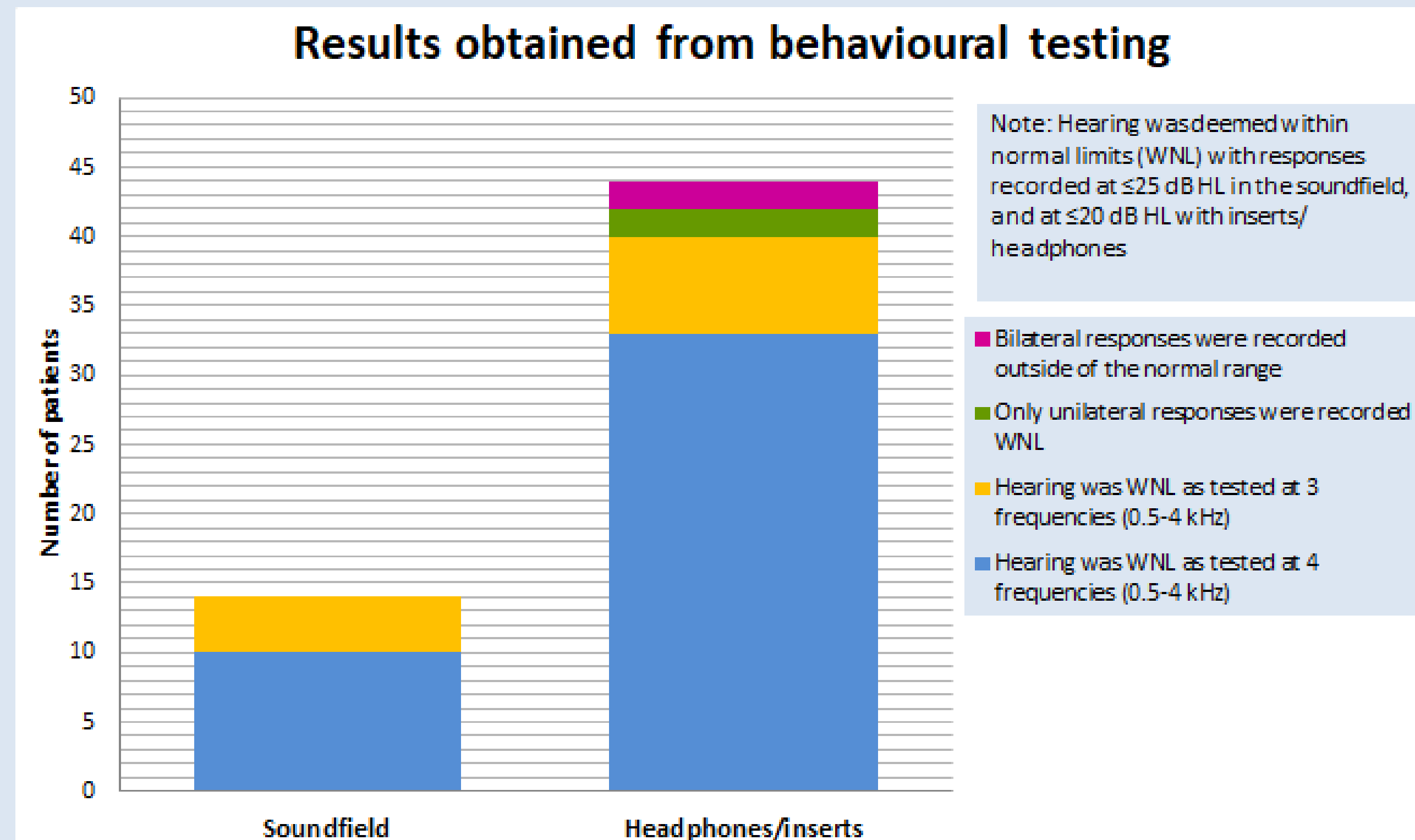
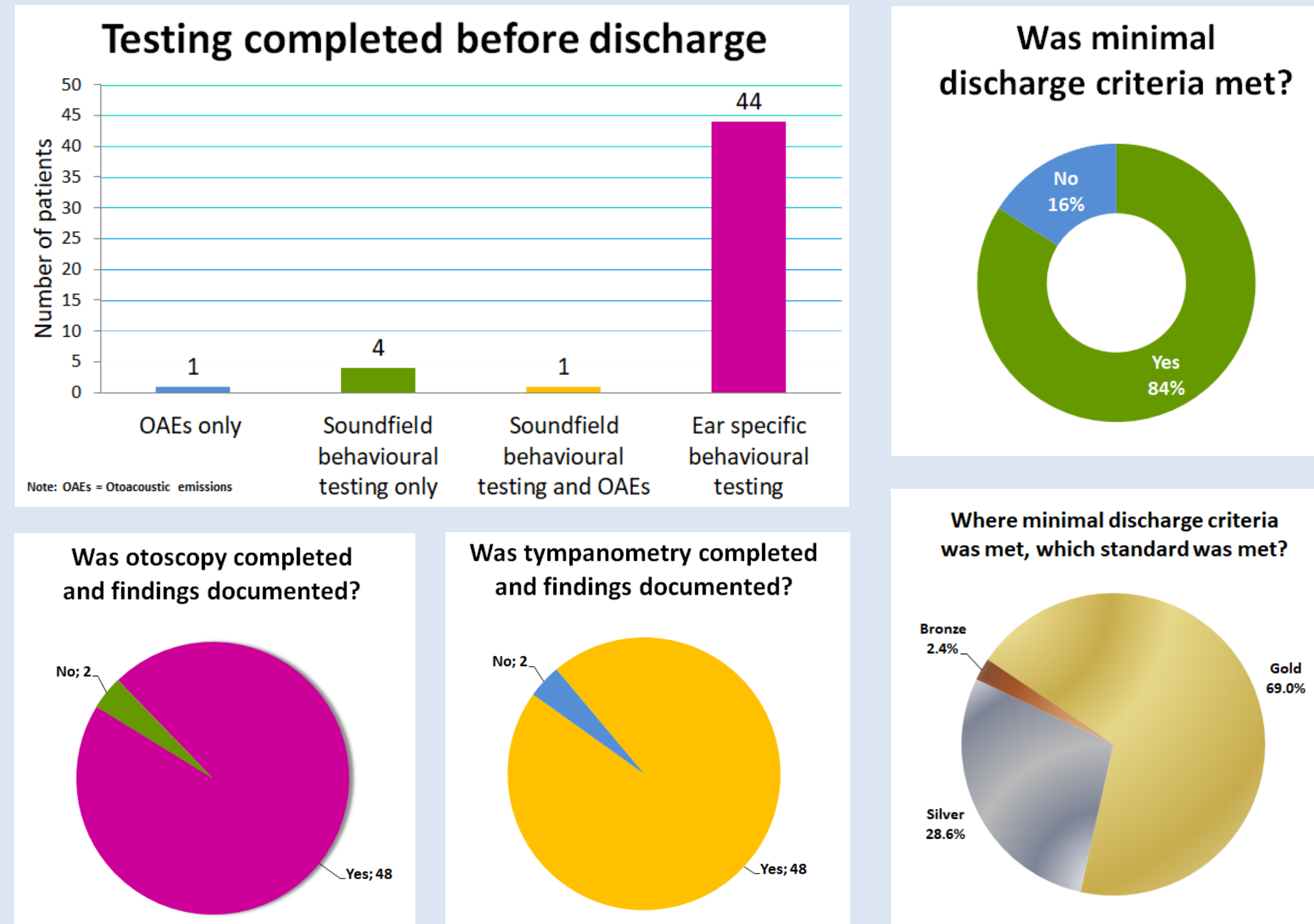
Methodology

Phase 2: Auditing against the discharge criteria

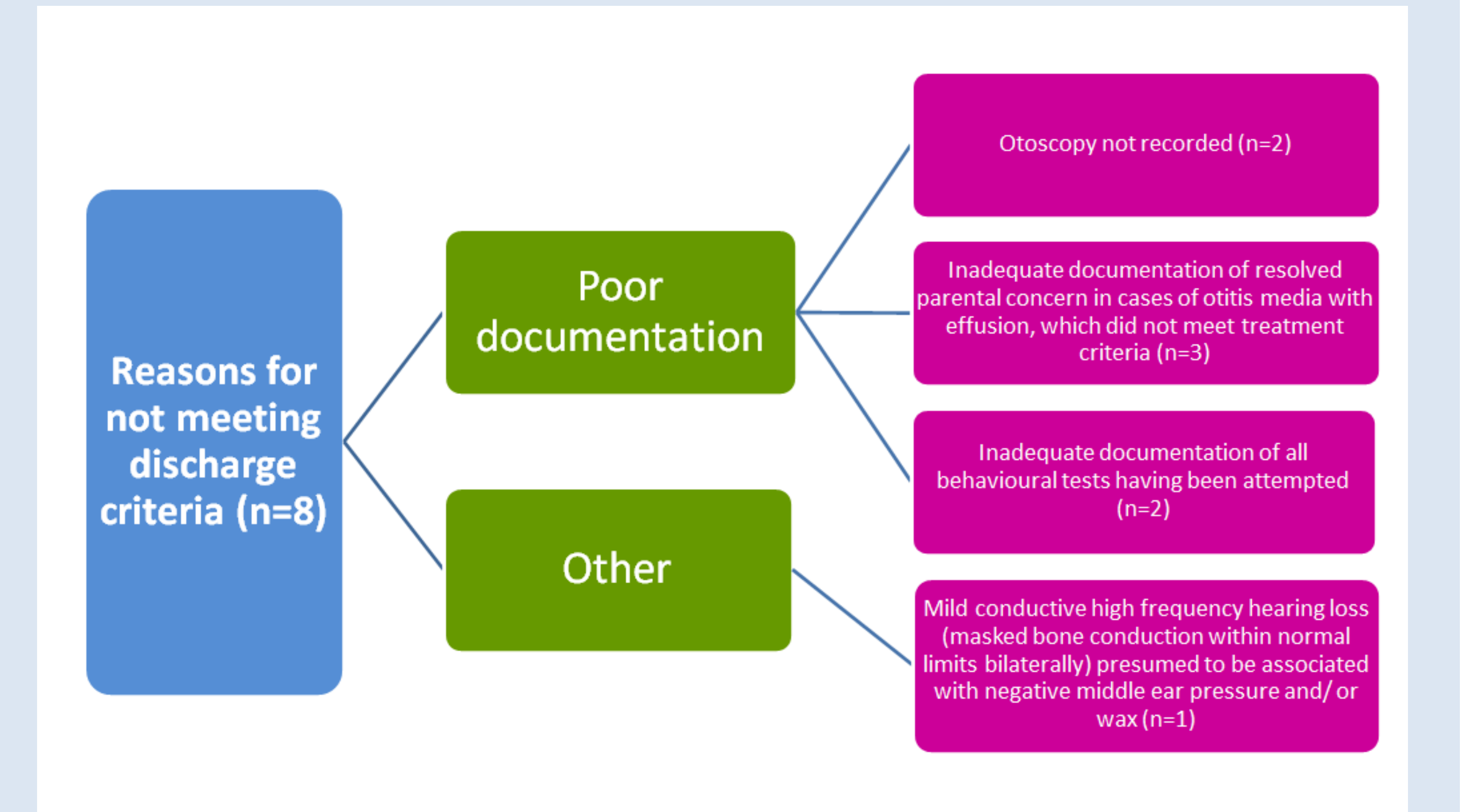
- We carried out an audit of 50 patients (randomly selected) aged between 6 months-16 years that were reviewed on routine testing clinics and subsequently discharged from our service (excluding children that seen following service orders/ were discharged to paediatric ENT/ oncology/ neurorehabilitation services).
- Data was collected on the type of diagnostic testing procedures used, the results obtained, and associated documentation.

Results

- Eighty four percent (n=42) of patients met discharge criteria.
- When discharge criteria were met, the majority of patients met gold standard (69%), and nearly all patients (97.7%) met either gold or silver standard testing.



- In most cases where discharge criteria was not met, inadequate documentation was a reoccurring theme (n=7).



Discussion

The benefit of this completing this project

- Ensuring that we are compliant with the British Academy of Audiology quality standards in paediatric audiology.
- It has enabled us to have clear oversight of our routine hearing assessments.
- It has highlighted areas of the discharge criteria that required development to ensure safe practice and subsequent changes have been made.
- It identified areas of practice that require development. For example, we have taken steps to improve consistent documentation by amending the history sheet used in routine testing clinics.
- The discharge criteria serves as a valuable training tool, and allows us to ensure that all staff members are working to the same standards.

Future applications

- We will continually re-audit against our discharge criteria to ensure that changes made have been effective in improving the safety and consistency of care at CHC.
- Individual departments would benefit from improved national oversight to ensure wider consistency of care.
- We will review our criteria and amend in line with any changes/ additions to national guidance.

References

British Academy of Audiology, Quality Standards in Paediatric Audiology, 2022