

NATIONAL AUDIOLOGY NEWSLETTER

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Update from the Office of the Audiology clinical care program 44 North Great George's Street Dublin 1

Considerable progress has been made on implementing the NARG recommendations so far this year. A summary of the progress to date is as follows:

Progress on Implementation of Recommendations & KRAs

National and Assistant National Lead Posts – The post of the National Lead for Audiology has been exempted from the moratorium process and the preferred candidate has been offered the position. Currently, Prof. John Bamford continues to provide direction, under the remit of Interim National Clinical Lead, on a part-time basis. Exception forms and business cases for the Assistant Lead posts are being progressed through the RDO offices.

Reconfiguration of Audiology Services - Audiology services require restructuring to place audiologists into fewer teams with larger critical mass in order to deliver better clinical governance and efficient care pathways. Some work has been initiated in this area e.g.:

HSE DNE has reviewed its audiology services via a LEAN performance review carried out by the HSE Performance & Development Department. Other regions including HSE DML are now initiating similar reviews.

Universal Newborn Hearing Screening (UNHS) – Newborn hearing screening is in place in HSE South. Screening is to be rolled out in all of HSE DML and HSE DNE by year end. HSE West will 'go live' in early 2013, subject to funding. Business cases are being worked through to seek additional frontline audiology staff in HSE DML & HSE DNE to provide the diagnostic follow up post screening.

Workforce Planning - The ACCP will be seeking funding for additional audiology posts through the 2013 estimates process. The ACCP has sponsored ten candidates to pursue an accelerated MSc in Audiology in the UK. These ten candidates will be ready for employment in October 2013. An Irish Certificate of Clinical Competence in Audiology (ICCCA) has been developed for these students in liaison with the University of Manchester. This will rollout from October 2012-October 2013. The ACCP is liaising with DoHC regarding a unified career structure for the profession.

Domestic training – The ACCP has met with the IAA and the HEA to discuss plans for initial training of audiology staff in the future. Discussions are ongoing.

National Patient Management System for Audiology – This business case is being progressed with HSE ICT.

Bone Anchored Hearing Aid (BAHA) Service - The BAHA Programme is due to commence shortly with new patients. Decisions regarding the rollout of the BAHA programme are made via the BAHA working group who meet on a quarterly basis. There are six BAHA sites:

1. Galway University Hospital – adult & paediatric
2. South Infirmary Victoria University Hospital, Cork – adult & paediatric
3. Mater Misericordiae University Hospital – adult
4. Midland Regional Hospital at Tullamore – adult & paediatric
5. Our Lady's Children's Hospital, Crumlin – paediatric
6. Temple Street Children's Hospital - paediatric

(The Children's Hospitals will have additional audiology support from staff at North Great George's Street).

Continued overleaf

Each site has been setup with audiological & surgical equipment provided by the ACCP.

Procurement Projects – The ACCP has completed procurement processes for BAHA implants & processors and for the further rollout of the UNHS programme. The ACCP is currently completing a hearing aids & equipment tender.

MoU with DeafHear – The ACCP has lead out on the development of a Memorandum of Understanding (MoU) with DeafHear, HSE Audiology, HSE SLT, Beaumont Cochlear Implant Team and Visiting Teacher Service. This exercise is complete.

John Bamford & Aisling Heffernan



Baha Repair Training

Paul Hendrick
Snr Clinical Engineer
NGGS

BP 100



Cordelle



BP 110



As recommended in the NARG report and in line with the National Bone Anchored Hearing Aid (BAHA) programme, all BAHA repairs in Ireland will be repaired and refurbished by the National Repair Centre at North Great George's Street, Dublin. This was for two reasons; firstly to provide a more customer orientated approach and secondly to provide a cost saving by eliminating expensive overseas repairs. The HSE national BAHA tender requested that the preferred BAHA provider would provide full training and diagnostic equipment to the Clinical Engineering staff at National Repair Centre.

On 17th September 2012, Clinical Engineering staff from the National Repair Centre; Paul Hendrick and Derek Clarke, travelled to Cochlear Europe in Weybridge, London for five days of intensive training. This is the first time that Cochlear has trained non Cochlear staff to repair their BAHA devices.

Training initially focused on three devices; the BP100, BP110 and CORDELLE. Training on two further devices is planned for early 2013.

This initiative will greatly enhance the experience of new BAHA users who will no longer have to wait significant periods of time to receive their devices back while also delivering considerable cost savings for the HSE.

With the National Repair Centre already completing approximately 15,000 repairs per year, this new demand to the service will present a challenge, but a challenge which is welcomed, and will have significant benefits for the patient and the HSE.



Derek Clarke Baha Training

Triage Program for adult hearing aid users Piloted by Northwest team

The Northwest team

Northwest audiology team Eimear Crawford, Elizabeth Carberry, Marie Mc Philemy, Joanne Sexton and Annemarie Byrne have piloted a triage clinic for adult hearing aid users requesting reviews in clinics in Stranorlar and Sligo.

Rationale:

1. Addressing the large waiting list for adult requested reviews.
2. Assessing the feasibility of 'Triage' for adult requested reviews.

The volume of requested reviews for adults had always been demanding on clinical and support staff, so, a new approach was suggested by team member Eimear Crawford, following on from experience in the UK (i.e. daily/weekly repair clinics).

Normally adults with hearing aids who request a review are slotted into full clinic appointments which may not always be necessary or appropriate.

The triage is based on the following assumptions:

- There are reduced clinic slots per client; for example 10-15 minutes per client whose needs can be met by 1+ clinician/assistant.
- Some requested reviews are due to reinstruction issues, tubing/earmould requests, repairs, expectations of hearing aids and other less time demanding problems.
- Where the client has more time demanding needs the trade off from the less time demanding client can balance the overall client demand throughout day.

If there is not sufficient time for completion of particular needs, the client can be booked for full clinical appointment.

Benefits:

1. Larger number of clients seen than would otherwise be possible.
 2. Discharge approximately 70 % post triage clinic.
 3. Most problems were easy to resolve with a brief history – problems were mainly moulds and aid fitting characteristics i.e. compression ratios and minor adjustments.
 4. Client satisfaction. Important to explain prior to booking, that it was a 15 minute triage clinic appointment slot. After same, it was easier for client and clinician to address issue that called for the appointment in first place.
- Good turn out to clinics, little or no DNA's/cancelations.

Disadvantages

1. Relentless day for 1 clinician. 2 clinicians or 1 clinician plus assistant would be more suitable.
 2. Little time for documenting on files, updating, sending aids for repair etc.
 3. There will always be patients that require a bit more time. Not suitable for 15 minute appointment. These patients should be red flagged at either test/fit clinic and it should be obvious on file.
- Some clients had not been seen in over 5 years or more, therefore required full review, ie test/fit, therefore generated more Fit appointments for each clinician.



Advances in Audiology Service Provision in Cavan & Monaghan

David Clarke Snr Audiologist Scientist

With regard to the configuration of audiology services, the National Audiology Review of 2011 states that services should “as far as possible be geographically convenient”. That being said, we cannot compromise the key performance outcome of any audiology service which is to deliver “clear and accurate information” however, cannot be compromised. Commitment to maintaining and developing local community audiology services for the people of Cavan & Monaghan was evidenced in the recent opening of the audiology suite at the Community Services Building in Cootehill, Co Cavan. The service moved to this location from the Darley Health Centre in September 2011.



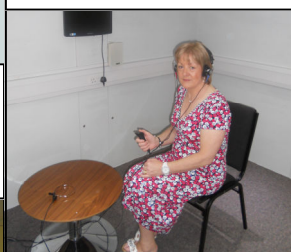
Cootehill Community Services building

The new location provides a spacious area with a large audiometric sound booth included. The sound booth was installed by Eckel and it was subsequently fitted with a Guymark VRA (Visual Reinforced Audiometry) system; the flat screen VRA system is certainly advantageous in the sound booth where optimal use of space is important. A comprehensive battery of audiometric testing can be carried out in the sound booth via the Interacoustics Affinity system. Installation of VRA and the setting up of the affinity system for use in the sound booth was carried out by Bonavox.

The staff members of the community audiology service in Cavan & Monaghan are: David Clarke (Senior Audiological Scientist), Joe Fields (Audiologist), and Tracy Allister (Audiologist), with administration support supplied by Dolores McGill. The service is currently managed as a regional service and delivered on a HSE area basis. As well as providing audiology clinics at the other centres in the North East (Slane – Co Meath & Dundalk – Co Louth), on a weekly basis, the staff provides 2 to 3 adult audiology clinics in Cootehill and one paediatric clinic.

Both staff and management are committed to the support and development of integrated audiology services in Cavan & Monaghan and view the effort in setting up this facility as a measure of that commitment.

Dolores McGill,
(Administration)
simulates a hearing assessment in the newly installed audiometric sound booth.



Members of the audiology team outside the sound booth from Left to Right: Joe fields, Dolores McGill and David Clarke.



David Clarke, Senior Audiological Scientist simulates ear examination on Joe Fields, Audiologist.



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Community Audiology Service- Kildare West Wicklow: A New Initiative.

Elaine Howlin Audiology Scientist NGGS

British Society of Audiology

The objective of audiology training was to see where they could fit into modern hearing screening care pathways subsequent to the NARG Report

The doctors are working closely with the HSE Audiology Service based in North Great Georges Street.



In November 2011, three Senior Medical Officers (Dr Deirdre Forde, Dr Aoife Masterson and Dr Bernadette Sweeney) travelled to Mary Hare School for Deaf, Newbury Berkshire UK for a 3 day intensive training course and received a BSA accreditation in Diagnostic Tympanometry and Audiometry. The objective of audiology training was to see where they could fit into modern hearing screening care pathways subsequent to NARG and impact on the long HSE Audiology waiting lists in Dublin MidLeinster. Following months of planning, they rolled out their **Second Tier Audiology Service** on 16th June 2012 in Vista Primary Care, Naas Co Kildare. This

service is for children over 4 years and includes pre-schoolers referred from Developmental Clinics, GP referrals and school going children referred from Public Health Nurses following school entry screening.

The doctors are working closely with the HSE Audiology Service based in North Great Georges Street. As part of their clinic set up, they used the same standards in terms of equipment, appointment letters, protocols as the HSE Audiology Clinic and spent time with Elaine Howlin, Clinical Audiologist observing her skills. They are conducting a simultaneous audit of this new service.



The Second Tier Clinic sees low risk routine cases that have been triaged centrally. The aim of this initiative is to correctly direct referrals so that the client's journey is short as possible for their needs e.g confirmed persisting Otitis media with effusion (inc watchful waiting) referrals are appropriately sent to ENT thus bypassing the additional 36 month wait for community audiology in the interim. Before the clinic commenced, there were 69 children on the waiting list for Kildare West Wicklow. This waiting time extended over 36 months (July 2009) and it is hoped to have the waiting list cleared by the end of August 2012 prior to children returning to school.

Newborn Hearing Screening live in Portlaoise & Mullingar Maternity Units Gerry Raleigh, Regional Audiology Administration Lead, DML.

A huge well done and thank you to Maeve Flanagan and the Local Implementation Teams in the Midlands. Thanks you all their hard work, both Portlaoise & Mullingar Maternity Units are now offering Newborn Hearing Screening to all babies born.

The Northgate Screening Team, led by Liz Devlin have carried out 396 screens since the go live date of the 6th September and approx 24 babies have been referred to Midland Regional Hospital Tullamore for follow on diagnostics by the joint Community & Hospital Audiology Team. The Coombe Women & Infant's University Hospital and National Maternity Hospital are due to go live in November.

Thank you and fair play to all involved in this project.

Central Auditory Processing Disorder Research in Ireland: *Obtaining normal results for Irish children and adults on CAPD tests*



Louise Keogh Audiologist
Temple street

Central auditory processing disorder (CAPD) is a disorder which results in children and adults not understanding the sounds that they hear, even though they have normal hearing. People with this condition may behave as if they cannot hear or they may have difficulty hearing and listening in noisy places. As a result they may experience difficulties communicating with others, remembering instructions and learning. It is estimated that as many as 10% of children may have some level of CAPD.

There are diagnostic tests for this condition which have been developed and are used in the United States (US). However, the norms for these tests are based on a US population and therefore may not be suitable for testing on an Irish population.

The purpose of our study is to establish norms for these CAPD tests on typically developing Irish children and adults, so that we have a benchmark against which we can compare the performance of Irish children and adults who may have CAPD. We will be testing 140 children between the ages of 7 and 13 years, as well as 20 adults (control group), aged between 18 and 24 years.

Our research team is made up of qualified Audiologists and Speech and Language Therapists working in the Children's University Hospital, Temple Street. We are working on this research project in collaboration with Audiology and Speech and Language Therapy lecturers in the National University of Ireland, Galway. We are being assisted by Prof Teri Bellis from the University of South Dakota, an international expert in the area of CAPD. This study has received financial support from the Children's Fund for Health, and the required approval of the Scientific and Ethics committees of the Children's University Hospital.

We believe that this work is an essential step towards the development of services to assess, diagnose and treat people with CAPD in Ireland. As you may know, Irish children and adults that are suspected of having this disorder have to travel to the US or the United Kingdom for assessment and diagnosis.

We have to complete testing in about 18 months' time, and have our work cut out to get the word out about this research and recruit the required number of participants.

You can help by considering getting involved yourself as a person with a child who could take part, or as part of our control group. You could also help by mentioning our project to anyone that you think might like to take part. Anyone interested in our project or taking part can contact us at capdresearch@cuhi.ie or phone 01 8784287; we can then send them detailed information about our work, and what being a participant would involve.

We have started testing our first participants and are already finding it really interesting to see how they respond to the CAPD tests. We look forward to a time in the not too distant future when we will be able to share our findings with you.



Anyone interested in our project or taking part can contact us at capdresearch@cuhi.ie or phone 01 8784287;

Clinical Audit - Monaural and Binaural Hearing Aid Fitting

Barbara Carolan NGGS (Chief Audiologist), Amy Lawlor NGGS (Audiologist)



A Clinical Audit looking at Monaural and Binaural Hearing Aid Fitting Data was carried out in the Community Audiology Service in Dublin, Wicklow and Kildare. The main objective of the Audit was to provide data/information to assist in future service planning and budgetary control.

A retrospective Audit was carried out on a random sample of Clients in Dublin, Wicklow and Kildare fitted with Hearing Aids between 1/1/2011-31/12/2011.

The Clinical Audit asks and provides data for the following questions;

- ✦ How many clients availed of monaural hearing aid fitting, at the time of initial hearing aid fitting?
- ✦ How many of these clients availed of a second hearing aid within 6 months of initial monaural hearing aid fitting?
- ✦ How many clients availed of binaural hearing aid fitting, at the time of initial hearing aid fitting?

Cross reference monaural versus binaural hearing aid fittings (initial fit) by;

Clinician
Clinical Location
Age range
Degree of Hearing Loss
Type of Hearing Loss
Referral Source

- ✦ What is the reason for Clients not availing of Binaural hearing aid fitting at time of initial hearing aid fitting, i.e. reasons as recorded on the client file



The completed Clinical Audit Report is available by email upon request..

Total Number of Clients audited (Total Sample Size)	455
Total Number of Hearing Aids Fitted	643
Total Number of Monaural Fits (initial fit)	267 (59% of Total Sample)
Total Number of Binaural Fits (initial fit)	188 (41% of Total Sample)
Total Number of Clients with previous Hearing Aid Experience	Monaural Fits (initial fit) 57% Binaural Fits (initial fit) 73%
Total Number of clients fitted with 2nd aid within 6 months of initial monaural fit	37 (14% of Total Sample of Monaural Fits-initial fit)
Reasons for clients not availing of Binaural Fit at initial appointment	Binaural Fitting not indicated/appropriate – 13% Binaural Fitting not recommended by Clinician e.g. possible management difficulties anticipated/other reasons – 10% Client felt he/she “didn’t need two hearing aids” – 3% Client “preferred to use one aid only” – 23% Client “preferred to start with one aid only initially”, i.e. will consider 2 nd aid at a later date – 51%

Please keep sending your articles and pictures in to us, we want to keep the discipline of audiology to the forefront. If you have some information, research or training updates don't keep it to yourselves let the Audiology team know and we will publish it.

As before try and keep all articles to a max of 200 words and use Palatino Lino-type size 10 font. Also please add the Authors name title and place of work.

Thanks Audiology Team.



DeafHear.ie

Services for Deaf & Hard of Hearing People



Invitation to all Cochlear Implant Users

To a Talk Entitled:

'Living with a Cochlear Implant & the Benefits of a Cochlear Implant Support Group'

By Sally Harvest, Community Worker,

DeafHear.ie.

Date: Friday, 26th October 2012

Audiology Social Updates:

Congratulations to Amy Lawlor (Audiologist) of NGGS and her husband Keith Murphy on the birth of their baby girl Emily on the 15th August, 8lbs 14 oz.

Congratulations to Annemarie Byrne (Audiologist) Sligo and her husband Marty who had a baby girl Emmy.

Please send any submissions and pictures to the following:

Aisling Regan: aisling.regan@hse.ie

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Derek Clarke: derek.clarke@hse.ie

Bronagh O'Donnell: bronagh.odonnell@hse.ie

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Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive