Adult Audiology Services
The James Cook University Hospital

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NHS Foundation Trust

Audiology Department

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ADULT AUDIOLOGY RESPONSE TO HEALTHWATCH ENTER AND VIEW REPORT (March 2019)

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CLINICAL LEAD – ADULT AUDIOLOGY

On behalf of staff within the Adult Audiology service, firstly, can I thank the Healthwatch team for their approach and their fair report? All of the team were friendly, approachable and a pleasure to deal with.

My team and I are committed to providing the best possible experience to our patients and staff and readily welcome and positively encourage “fresh eyes” on our service.

Prior to giving our response and without wishing to be overly defensive, my team and I wish to report that as a department we have historical and current pressures. We are well aware that as a service we are in no way unique regarding such pressures within the Trust, however, we believe Audiology particularly, has been through a very difficult period recently. Suffice it to say that we did explain these pressures to the Healthwatch team when we met, as we felt that such pressures needed to be recognised in order to provide some mitigation for our current position.

Having said that and in answer to the report, I will follow the same format of headings within the Healthwatch Enter + View report, and give the Audiology explanation/response.

Observations

We agree that there should be better signage at the entrance to & within the entire physical area that houses ENT & Audiology. However, the inter-relationship between the geography of the department and the mix of all of the different appointment types within all of the different services that utilise this space, probably does not lend itself to an easy solution.

There are 2 small waiting area's servicing, ENT, Audiology and Speech Therapy (ST) and within each, are Paediatric and Adult appointments to complicate the situation.

There will need to be a complete inter-departmental discussion perhaps, to help identify better patient throughput and allocation of waiting space? A possibility would be to identify each of the waiting areas specifically. That is, ENT and Audiology waiting area's separately (they being by far the most attended) but recognising that the lesser needs in terms of numbers, for Speech Therapy requirements, have to also be considered.

If agreement could be reached with ENT around this, this would give Audiology more governance around how we utilise the Audiology waiting area. That could be installing specific Audiology visual call systems and/or a TV screen with scrolling and looping informational videos, for instance. Some preliminary investigations and possible funding streams have already begun around this.

In fact, and unbeknown to Audiology, ENT have already installed a TV within one of the waiting area's (primarily for children's entertainment) such that this waiting area could be identified as the ENT waiting area (for both Adult & Paediatric patients) and the other waiting area designated, Audiology (& poss Speech Therapy) for Adult/Paediatric patients?

Alternatively, the new TV area could possibly be assigned for all Paediatric patients for all services and the other waiting area for all Adult appointments?

We will also look into providing better and more up to date general reading materials along with more specific Audiology information and 'How to….' informational guides.

We know that our Hearing aid manufacturers will be of some useful help with this provision, and we will work with them closely to facilitate this.

What Worked Well

This was so nice to hear and proves given the opportunity, Audiology does deliver a good service given our pressures. (Of course, I could not possibly comment on the specific praise for my good self, suffice it to say that I try to provide an example.)

What Could be Improved

Visual alerting devices are at an early stage of sourcing and we are hopeful of funding streams. However, as mentioned previously around specific designated waiting areas, it is unknown where best to site, until agreements are made with all stakeholders with regard to specific and identified waiting areas.

Punctuality – again this could be improved with visual information systems e.g. updating patients with regard to waiting times. As always within healthcare appointments, they can over-run for various reasons. Keeping next patients informed can only help.

With regard to the comment, making a specific appointment from a walk-in appointment, we believe that this is already adequately addressed. That is, every patient in a walk-in appointment is "triaged" by the staff member, and if the patient requires a further specific appointment, this will be arranged if deemed appropriate.

However, we do recognise there may be a difference in what the patient thinks should happen to what in our judgement is the best way to try and resolve their particular issue. Staff are encouraged to give their reasoning behind the decision made, such that the patient is fully informed.

Alerts for patients – This should hopefully be addressed by the proposed visual alerting system, if it can be achieved.

However, it should be known that we have attempted to address this situation previously, when we did have a vibrating/flashing pad system (which is now broken & beyond repair) that the patient carried until it was their turn.

This did work well, but this system had its own problems as it was quite cumbersome and tended to frighten patients unexpectedly when the alert was instigated remotely!

In the meantime, staff have been encouraged to get closer to the waiting areas and to raise their voices whilst calling patients name, clearly.

Services and Communication

Some staff have expressed interest in learning BSL, and are encouraged to learn.

We do have a working Tele-coil Loop System on the Audiology reception desk but in fairness, it is not 'advertised' well and this will be addressed with instructions for use, for both patients and staff.

Lack of information – see earlier comments. We will address this with the help of our Hearing aid manufacturing companies who will help with this type of information.

As for the family comment, we positively encourage family members to attend where possible via our appointment letters, as hearing impairment affects all who have to live with it on a daily basis.

Appointments- Booking and Checking in-

With our patient database system AuditBase, we can attach alerts and preferred method of communication is a possibility and we will explore this further.

Other parts of the service (Paediatric and Implants) also send out GDPR compliant text messages to some of their patients and we will copy their systems as no doubt this may help reduce 'Did not attends – (DNA's) also.

Additional needs and Support

See earlier comments on visual aids. Portable loops or communicators can be purchased and the department will look into obtaining these pieces of equipment via creative funding streams e.g. charitable funds etc.

As for the wheelchair patient relying upon their family for transport, it should be made clear that the department has to run a strict policy for any patient that requires a Domiciliary visit (DV), if they cannot access the hospital. This closely follows the North East Ambulance Services guideline, which basically states that if patients can be brought into hospital via Patient Transport, or via family transport, then the patient should attend their appointment. It is for the patients GP to state otherwise, by letter to the department.

Staff interviews

This again is encouraging feedback and shows the dedicated professionalism of our staff.

Deaf awareness is carried out on a regular basis.

All staff have an understanding on how to communicate with those patients not wearing aiding and if in doubt, staff are encouraged to seek a senior member for help.

Written information has been addressed earlier.

Conclusions & Recommendations

1. A visual alerting system and/or informational tele-visual systems are being explored with our links to manufacturer services and the likes of 'Friends of South Tees' etc., but due to the explained siting issues, this will have to be agreed with other stakeholders
2. See above - as this information can be incorporated into the above systems
3. Again with charitable funding and hearing aid companies we will endeavour to improve patient communications.
4. The 2 reception desk system is confusing. I believe there are moves post the hospital wide Admin Review to streamline such service provision but we recognise the department could give better instructional appointment letters.

Below is an Action Log for the department to address (whilst keeping in close communication with our colleagues in other Audiology disciplines/ENT/Speech Therapy.)

ACTION LOG

DESCRIPTION	ACTION	WHO BY	CURRENT STAGE	WHEN
Visual alerting system/TV informational content	*Need to liaise with other stakeholders, ENT/ST and Audiology. To meet with possible funders, equipment manufacturers/ charitable organisations*	*Lead ENT nursing staff, Lead ST staff, Lead Audiologist*	*Proposed email to be sent to all listed stakeholders*	*2/52's*
Better signage	*As above*	*Lead ENT, Lead Audiology*	*As above or as part of one email*	*As above*
Better informative and directive appointment letters	*Discuss with Admin services in ENT/Audiology*	*Lead ENT/lead Audiology/Admin Service*	*Propose a meeting of stakeholders*	*4/52's*
Better reading materials	*Propose staff to bring in unwanted but up to date interesting reading materials*	*Lead Audiologist and Lead ENT nurse*	*Next staff meeting*	*6/52's*
Loop system info and more relevant equipment	*Improve information re loop systems and provide more personal loops and communicator systems*	*Lead Audiologist to delegate*	*Next staff meeting*	*6/52's*
More clearly defined or possible merging of the 2 reception desks	*Discuss with Service manager & Admin lead*	*Lead Audiologist/Lead ENT nurse/Service Manager & Amin lead*	*Email to all*	*4/52's*

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