Quality Standards in Audiology

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Foreword

Welcome to the Quality Standards in Audiology for Wales.

I am delighted to endorse the Quality Standards as the benchmark for NHS audiology services in Wales.

The Quality Standards bring together the Quality Standards from across the audiology pathways. This includes the range of quality standards audit tools and the audit process document.

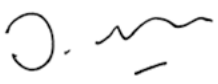
They have been designed by Wales' leading audiologists in collaboration with Third Sector and service users and development has been overseen by the Audiology Standing Specialist Advisory Group of the Welsh Health Science Committee.

They clearly demonstrate a prudent healthcare approach to the provision of audiology services and build upon the success of previous NHS Wales Audiology Quality Standards, that have demonstrated quality assurance and improvement through a scoring and reporting mechanism that offers the ability to identify both strengths and weaknesses.

Furthermore, this national approach to quality assurance and improvement supports collaboration across Wales, both in sharing good practice and in identifying the need for national improvement and focus and then collaborating to develop solutions.

NHS Wales Quality Standards support coproduction with a greater emphasis placed on evidence base and individual management plans involving patients in decisions more than ever before.

Wales' audiologists leading the development of these Quality Standards have responded to the evolved thinking of NHS service delivery to truly benefit the people utilising audiology services in Wales. I wish to thank everyone involved in this important development for audiology services.



Jeremy Miles MS
Cabinet Secretary for Health and Social Care

Introduction

Background

NHS Wales Audiology Quality Standards have been in place since 2008. The original version of the standards covered Adult Hearing Rehabilitation Services and included an audit tool developed in collaboration with audiologists across the UK. Similarly, a set of Paediatric Audiology Quality Standards were published in Wales in 2010, these were developed in collaboration with NHS Audiology Scotland. Since then, second versions of both the adult hearing rehabilitation and, the renamed, Children's audiology quality standards, incorporating Newborn Hearing Screening quality assurance measures, have been developed and published in Wales.

Since 2009-10 all NHS Wales audiology services have undergone self-assessment and external audit against these Standards. The use of the Standards has been successful and provided a means to measure significant advances in service quality. However, these two sets of audiology quality standards have not covered the breadth of audiology services provided by NHS Wales and further standards and audit tools have been developed for adult tinnitus, adult vestibular and auditory implantable devices. It is therefore timely to bring this set of audiology Quality Standards together within one Quality Standards document and process, allowing for development and update of service and pathway specific audit tools.

Development of Quality Standards, audit tools and external audit process in Wales

Quality Standards in Wales are developed by collaborative Working Groups, led by senior audiology clinicians with representation from third sector organisations, service users or service user representatives and other external stakeholders.

They are subject to internal and external consultation ensuring a wide range of professional and stakeholder input and follow an approval process through the Audiology Standing Specialist Advisory Group (ASSAG) to the Wales Health Science Committee (WHSC) – now further supported by Wales national Audiology Board oversight. National audit against the Standards is included within the National Clinical Audit and Patients Outcome Programme making this mandated in Wales.

Approach and Context to Describing Service Quality

The Standards are patient centred and as such are sequenced to reflect patient pathways. Whilst the detail may vary slightly between the Standards and audit tools for the different pathways, a core structure will be followed. An example structure is included below from the Quality Standards Version 2 for Adult Hearing Rehabilitation audit tool.

Quality Standards for Adult Hearing Rehab Services V2 (ARQSV2)
Std 1 Accessing the Service
Std 2 Communicating with Patients
Std 3 Assessment
Std 4 Developing an Individual Management Plan (IMP)
Std 5 Implementing an Individual Management Plan (IMP)
Std 6 Clinical Effectiveness
Std 7 Clinical Skills and Expertise
Std 8 Collaborative Working
Std 9 Service Improvement

The scope of content of the audiology quality standards is deliberately limited to items that are specific to audiology or are particularly worthy of emphasis over generic health and care standards, legislative, organisational governance or good practice requirements. These service specific standards should therefore complement other requirements; they provide a more specific and evidence-based contribution to help define a good quality service that will provide the best outcomes for patients.

The Standards describe good practice and use of tools to provide evidence of health outcomes. However, compliance with the Standards should not be used in isolation to quantify the efficacy of services in terms of health outcomes and patients' satisfaction. Other measures such as defined key performance indicators (KPIs), Patient Reported Experience Measures (PREM) and Patient Reported Outcome Measures (PROM) should be used as part of a set of quality measures to support service improvement.

The Standards

Structure and Format

The Standards and audit tools were originally developed following the recognised Quality Improvement Scotland structure and format and have been enhanced to

provide examples of evidence of compliance. This evidence is focussed, where possible and relevant, on outcomes and impact as opposed to process and procedure.

The Standards are made up of *Standard Statements* that explain the level of performance that needs to be achieved. These are supported by an evidence base that provides the *Rationale* for each Standard. The *Standard Statements* are expanded into a number of *Criteria* which specify what must be achieved for the standard to be met. The *Standard Statements* vary between pathway and audit tool, as does the evidence base that supports the specific rationale. The evidence base, the references that support them and the detailed *Criteria* are all detailed within the individual *Assessment and Audit Tools* that accompany this document.

What the Standards cover

Access

Including access to services that meet service user and their family's needs, direct assess, waiting times, care close to home, equity across new and existing patient access, lifelong care, and robust monitoring and evaluation.

Communication and Information Provision Timely and relevant two-way exchange of information to meet the needs of hearing-impaired people, their families and their significant other(s), in formats that accommodate their communicative abilities.

Assessment

All people receive an individually tailored audiological assessment which meets their needs and is carried out to recognised national standards.

Development and implementation of an Individual Management Plan

All people should have an individually developed management plan, that identifies what matters to the individual and includes agreed needs and agreed actions and interventions to meet those needs. These plans should develop as the person progresses through their pathway and should include patient reported outcomes.

Interventions and re/habilitation

Interventions and rehabilitation and habilitation are aligned to the individual management plan and include consideration of a range of evidenced-based management options. Where hearing instruments or implantable devices are required, they will be fitted and verified following nationally agreed procedures and protocols.

Clinical Effectiveness

The outcome and effectiveness of interventions and rehabilitation and habilitation within the Individual Management Plan are evaluated and recorded.

Outcomes and effectiveness of the whole service are evaluated and recorded to identify trends and patterns which may inform service development and planning.

Clinical Skills and Expertise

Each service provides, within a governed team approach, the clinical competencies necessary to safely and effectively support the assessments and interventions undertaken. All tasks are undertaken within an established, nationally agreed, competency-based framework. Appropriate clinical leadership will be in place.

Collaborative Working

Each audiology service has in place processes and structures to ensure effective collaborative working.

Collaborations appropriate to patient and service needs should be identified and established and may be with internal and external agencies and services.

Service Improvement

Each service has processes in place to measure service quality and use this information to plan and implement service improvements. This will include consideration and evaluation of new and innovative systems and technologies. Services will have processes in place to regularly engage with patients and stakeholders, to ensure they are integral to service development and change.

Quality Standard Audit tools

A range of audit tools have been developed to cover the broad range of clinical pathways and services provided by NHS Wales audiology services. These audit tools will form the basis of quality standards self-assessment and external audits.

Audit tools will need to be reviewed and (if necessary) updated at least every five years to ensure they remain evidence based and aspirational. The latest versions of each audit tool will be approved by ASSAG, with oversight by Wales National Audiology Board and will be used for subsequent audits. The range of audit tools may also be extended as new pathways and services provided by NHS Wales audiology services emerge.

The current range of Wales Quality Standards audit tools include:

- Adult Hearing Rehabilitation Services
- Children's Hearing Services
- Adult Tinnitus Service
- Adult Vestibular Services
- Auditory Implantable Devices

The Audit Process

A robust audit process will be followed. Details will be outlined in a process document, *Arrangements for the External Audit of Audiology Services Against the Quality Standards*, that will be overseen and updated by ASSAG. ASSAG will confirm the pathway to be audited, the specific audit tool to be used and the latest version of the process document, prior to each cycle of audit. The same process and process document will be used across all audiology Quality Standards and irrespective of the various audit tools being used.

Whilst annual audit will take place, each specific pathway will only be externally audited typically every 3 years. Therefore, additional quality assurance measures, particularly more frequent reporting against KPIs, will be put in place.

Principles and Key Features of External Audit Process

- The objective of the audit process is to externally verify self-assessment scores (and evidence) limited to the standards. The objective is not to perform an appraisal of service management and/or make extensive recommendations for improvement.

- The audit process should be robust, relevant, efficient, fair and consistent.

- It is assumed, a full self-assessment will be completed prior to the external visit and evidential materials compiled for ready reference at the time of the visit of the external auditors.

- Visits will be conducted jointly by an external audit team, comprising of an Independent Auditor, Senior Audiologist Auditor from another service and a Service User. A lead auditor will be identified.

- NHS Wales health boards will be visited every year by external auditors. The specific pathway, and so quality standards and audit tool used, will vary year on year, ensuring that all elements of the service are covered in rotation.

- At least one self-assessment score and set of evidence will be submitted by each health board each year and will depend on which element of the service is being

externally audited that year. Special provision will be made for Powys Teaching Health Board (PTHB) whereby individual assessment will be performed on the three distinct services delivered by different providers. However, there will be one PTHB specific site visit, to the only permanently manned site (Brecon), with the other providers covering services in Powys within their health board visits.

- The visit of the external audits will be completed in person wherever possible and will be completed over a day. Only the base centre would be visited rather than peripheral sites.

- Externally assessed scores must be presented to the Chief Executives and AHoS for each respective service, prior to being submitted to Wales national Audiology Board and subsequently to ASSAG and publication on the WHSC website.

- A coordinator for each of the Quality Standards will be appointed by ASSAG to administer the scheme, collate results and report to ASSAG following each audit.

- An appeals mechanism will exist where external scoring or the audit process are challenged.

Patient Centred care and The Individual Management Plan

Patient centred care is central to the audiology Quality Standards and the Individual Management Plan (IMP) is considered to be an essential and integral part of patient centred care. IMPs are firmly rooted in good practice, based on the conversation between audiologist, patient and family about what matters most to the individual and what they feel, wants or expect; what the audiologist is able to offer; and how the audiologist and patient/family agree to proceed.

There is currently no specified form or template for the IMP - services agree and document an approach to IMP development and implementation and record detailed notes and copies of the IMP within the patient's clinical record. The IMP is not a case history form or a record of assessment results, although the patient's case history and hearing status will certainly help to inform the IMP. What is important is that an audiology service can demonstrate that for each patient any planned assessments, interventions or onward referrals have been properly discussed and agreed with the patient. All of those taking part in the conversation through which a management plan is constructed, need to have the chance to agree that conversation – they should know

exactly what has been decided and why and have a clear understanding of how and when the patient's further assessment treatment will proceed.

An audiologist may list a new patient's needs as: hearing assessment; hearing aid fitting; advice and information about communication tactics; advice about assistive listening devices; leaflets about tinnitus. The same patient may list his/her needs quite differently: get my spouse to stop arguing with me about my hearing; get reassurance that I don't have a serious illness; find out how likely it is that this hearing problem will get worse; find out how I can make the tinnitus go away; under no circumstances get a hearing aid. It is highly improbable that either list will be the one to eventually appear on the patient's IMP. Through conversation and an exchange of information at this and subsequent appointments, the audiologist and the patient will explore what can and cannot be done and the agreed needs and agreed actions for the patient will be reviewed and updated over time.

The Evidence Base

"Evidence-based medicine is the integration of best research evidence with clinical expertise and patient values," (Sackett et al., 2000 p. 1).

A comprehensive review of the current evidence base has been undertaken in development of the Quality Standards. Wherever possible the evidence base has been drawn from peer reviewed, published research. Articles from other literature have been included if deemed appropriate by the working group. To enable the reader to explore the relevant literature that supports each individual standard, each rationale within the audit tools contains numbered references and full details of those references. There are also a number of overarching documents that have informed the development of the Quality Standards and audit tools, and these are listed below.

A Transition Guide for all Services. Key Information for Professionals about the Transition Process for Disabled Young People. Nottingham: DCSF Publications.

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NHS WALES, 2013. All Wales Standards for Accessible Communication and Information for People with Sensory Loss. Wales: NHS Wales. Available from:http://gov.wales/topics/health/publications/health/guidance/standards/?lang=en

NICE guidance Tinnitus: assessment and management (NG155) https://www.nice.org.uk/guidance/ng155

NICE guidance Hearing loss in adults: assessment and management (NG98) https://www.nice.org.uk/guidance/ng98

Patient Rights (Scotland) Act 2011

Public Bodies (Joint Working) (Scotland) Act. 2014. Norwich: TSO.

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