

## **1. Introduction and Who Guideline applies to**

*These guidelines are written for the Audiologists and Admin staff who work in the Paediatric Hearing Services Team. The guidelines outline the administrative processes relating to paediatric diagnostic hearing appointment management including VRA, 1.5T 3+ and Complex clinics. Guidelines for admin processes for the paediatric hearing aid service (Paed repair, 1T, 1.5T, 2T and BAHA hearing aid clinics) are not included in this document.*

*These guidelines presume familiarity with processes such as the use of Practice Navigator (PN) patient management system, Spine, booking of interpreters and general admin duties. It is therefore expected that the guidelines will be used in conjunction with supervised training as required. It is the user's responsibility to ask the Head of Paediatric Audiology or a member of the Paediatric team that have received appropriate supervised training, if they are unclear as to any process included in or omitted from these guidelines.*

*The generic paediatric email address for use alongside these guidelines is [PaediatricHSD@UHL-tr.nhs.uk](mailto:PaediatricHSD@UHL-tr.nhs.uk)*

## **2. Guideline Standards and Procedures**

The following processes will need to be completed weekly to ensure efficient processing of new referrals and to comply with the 6 week diagnostic waiting time target.

Diagnostic referral received by post or email and put into paediatric referral tray in mould room.

If noted that a specific appointment date is requested or a referral is marked as urgent, register patient on PN, scan referral and inform Head or Deputy Head of Paediatric Audiology in person so that the referral can be actioned immediately. These will usually be referrals from Oncology or following Meningitis, for a pre-treatment/surgery assessment or for an in-patient assessment and are usually received by email

Referrals received by email will be replied to, to acknowledge receipt.

Email referrals, once printed, will be moved into appropriate referral email subfolder as a failsafe to check, minimum monthly, that referrals have been actioned. Once actioned, the email will be deleted

Triaging and coding of referrals will be completed by Head or Deputy Head of Paediatric Audiology (Hartland, 2023).

Coded referrals will be put in diagnostic admin new referrals tray (Paediatric admin office) in advance of weekly booking session

### **New referral's processes (below) need completing within a week of the referral being coded - Weekly**

- Obtain missing details from Spine e.g. GP, NHS no, phone no etc. HISS can be used but may not be as up to date as spine if child has not been seen in UHL recently.
- Enter patient demographics onto PN. If already on PN, check and update details
- Appointment restriction (on demographics page), add additional information relevant to future appointments e.g. interpreter required, day/time preferred with date if applicable of apt referred to
- Book onto clinic as coded or add to appropriate clinic pending list if appointment not to be booked immediately (see below for adding to pending list) ensuring every child is seen within 6weeks of the coding date, unless audiologist (coder) has stated otherwise. Appointments with less than 2 weeks' notice should be arranged by phone or text message + letter sent
- Clinics/appt's are, unless otherwise stated by coder;
  - Paed VRA/1.5T 30mins  
(1.5T clinics are identifiable by a separate note alongside the clinic on PN and via the Paediatric e-rota). Children coded as 1.5T can be booked into VRA clinics (should not be done routinely) but VRA patients can't be booked into 1.5T clinics
  - Paed 3+ 45 mins
  - Paed 1T complex video 1.5hrs
  - Paed 1T complex F2F 1.5hrs
  - VRA clinics at LRI only. All other clinics may be at LRI or Glenfield
- Create medical referral
- Book interpreter if required and save interpreter booking confirmation onto PN note description with the language and date of apt.
- Video appointments (Complex clinics) should be booked by phone, with email confirmation of appointment and links/instructions sent (paperwork and instruction in Hdrive/paeds/post covid clinic guides and paperwork/video apt paperwork)
- Print apt letters on Paediatric letter headed paper (Apt letter is specific to each clinic venue) and post with appropriate map and cover letter. Attach 1st class slip if <2 weeks' notice unless apt arranged by phone.
- If an appointment is not available within the 6 week breach date, speak to Head or Deputy Head of Paediatric Audiology so that additional apt slots can be identified
- Scan referral onto PN with specific note description; ENT/ Bank child/cleft referral, etc.

### **Putting paediatric patients onto pending list for future appointments**

- Select pending appointments tab on PN and 'new'
  - Complete pending appointment section as follows;
    1. Hospital – LRI
    2. Delete linked referral date (if visible)
    3. Clinic = Paed VRA/1.5T pending list, Paed 3+ pending list or Paed Complex 1T pending list
    4. For VRA/1.5T and 3+ appointments, tick 'priority' box and select the reason code as given on the referral e.g. paed 1a red. This step is not required for Complex clinic appointments.
    5. Appointment type enter as detailed by coder e.g. targeted follow up/TFU priority/Paed Complex 1T video/ VRA bank/Paed 3+ fu F2F etc
    6. Select duration as VRA/1.5T clinic = 30mins, 3+ = 45 mins, Complex = 1.5hrs – unless otherwise stated by coder
    7. Date put on list doesn't need changing
    8. Approximate date = approximate date to be tested in future e.g. if to be reviewed in March 2024, put 01/03/2024
  - Save
- See example pending entry below**

Practice Navigator - test, sh : Pending Appointment Profile

File Edit View Actions Go Reports Help

New Open Save Close Print

**PENDING APPOINTMENT DETAILS**

Hospital: Leicester Royal Infirmary

Appointment Type: Targetted follow up

Patient: test, sh

Hours: 0 Minutes: thirty (30) minutes

Linked Referral:

Date Put on List: 14/10/2023

Clinic: Paed VRA/1.5T pending list

Approximate Date: 01/03/2024

Priority

Reason: Paed 1A Red

Patients

- Activities
- Addresses
- Appointments
- Clinical
- Consumable
- Contacts
- Devices
- Medical Referral
- Notes
- Orders
- Pending Appointments
- Phones
- Questionnaires

### Booking from pending list - Weekly

- As soon as rota has been done, book **new** patients for that month off the pending list into the relevant clinics and send appointment letters. New patients will be identifiable as the appointment type will be: Targetted follow up/TFU priority/VRA new/Paed 3+ new
- Once new patients have been booked, fill clinics with review appointments (apt type; clinic + fu). Ensure that appointment slots remain free for further new patients received to be seen within the 6 week timescale required
- Pending list patients should be seen within 6 weeks of the 'approximate date' on the pending list.
- If there is a shortage of appointment slots, the 'priority reason' code can be used to prioritise patients (the order of the code in the drop down list shows highest priority at the top and lowest at the bottom)
- Ensure that comments in 'appointment restrictions' are adhered to when booking the appointment e.g. interpreter required

### Text reminders – Weekly

- Text reminders should be actioned one week prior to the appointment for all diagnostic appointments
- Use the standard text for each venue, in notes on paed admin mobile phone. Date and time of apt needs changing for each text reminder.
- Note in PN notes 'Text reminder sent'
- When contact received confirming attendance, add 'confirmed' to end of previous PN note description – Do not create a new PN note.

### Cancelled appointments

- If an alternative appointment slot is available then patient should be rebooked immediately.
- If there are no slots available;
  - New referral (apt type will say new) put clear note with patient details, date of cancelled appointment and any restrictions regarding rebooking e.g. needs Tues am apt, holiday dates etc., into paed diagnostic new referral tray to ensure that this is rebooked (ask Head/Deputy Head of Paediatric Audiology if no clinics available)
  - Fu patient (apt type will say fu) add patient to appropriate pending list for booking when slots available. Put the appointment type as the same as they were booked for e.g. VRA fu F2F. Put 'Approximate date' as 1<sup>st</sup> of the month of the cancelled apt e.g. if cancelled apt was 20/10/23 enter 1/10/23
- If the family have cancelled more than 2 consecutive appointments or are requesting appointment be deferred by more than 6 weeks, add to the pending list/rebook as appropriate but also notify Head/Deputy Head of paediatric audiology so that they can check whether this is appropriate from a clinical/safeguarding perspective.

### Changing patient details

- Spine should be used to check patient demographics as this is more up to date than HISS as HISS is only as up to date as the patients last hospital visit
- If changing patient information as instructed in person or by phone, Record on PN the name and relationship to the child of the adult requesting the change.
- Ensure that all relevant changes are made by asking the adult the name of the child, address, telephone numbers, GP. These details should be checked even if the adult doesn't initially say that the details have changed.
- The old details should be deleted from PN or changed to 'old'
- Changes to the child's name needs to be made on **ALL** of the following PN pages as a name changed only in the demographic page will result in the wrong name appearing on letters/reports
  - Patients (demographic page)
  - Addresses
  - Phones
- If a child has been adopted then there NHS number may have changed, this should be amended on PN and a note made of the old and new NHS number in notes, if known
- Inform TOD's if applicable (bank children) via email or phone call of changes to name, address or telephone numbers
- Details of all details changed should be recorded on PN

### 3. Education and Training

Supervised training will be given to new members of staff to familiarise them with the general processes required to use these guidelines and to ensure that the guidelines are fully understood and adhered to

#### **4. Monitoring Compliance**

| <b>What will be measured to monitor compliance</b> | <b>How will compliance be monitored</b>                             | <b>Monitoring Lead</b>       | <b>Frequency</b>                           | <b>Reporting arrangements</b>   |
|--|---|------------------------------|--|---|
| New referrals booked within 6 weeks of coding      | Monthly Practice Navigator reports                                  | Head of Hearing Services     | Monthly                                    | As per UHL reporting mechanism.<br>Feedback to Head of Paediatric Audiology as required |
| Admin processes completed weekly                   | Ongoing visual monitoring<br>Audit if compliance issues identified. | Head of Paediatric Audiology | Ongoing surveillance.<br>Audit if required | Feedback given to admin staff.  |

#### **5. Supporting References (maximum of 3)**

British Academy of Audiology (2022) *Quality Standards in Paediatric Audiology*.

Hartland, S. (2023) *Paediatric protocol for triage of Paediatric Audiology Referrals*.

UHL (2020) *Email & internet usage UHL policy*.

#### **6. Key Words**

Hearing Services, Paediatric Diagnostic Admin.

| <b>CONTACT AND REVIEW DETAILS</b>   |   |
|---|---|
| <b>Guideline Lead (Name and Title)</b><br>Sheena Hartland<br>Head of Paediatric Audiology   | <b>Executive Lead</b><br>Hazel Busby-Earle - Consultant |
| <b>Details of Changes made during review: Version 1.2</b><br>Changing patient details section added<br><b>Version 2.1</b><br>Procedures all updated to reflect post Covid admin processes<br>Audiologists triage process removed as this is now a separate guideline<br><b>Version 2.2</b><br>Addition of text reminder box |   |

| Title of P&G Document Being Reviewed: Insert Details Below: |  | Yes / No / Unsure | Comments |
|---|--|-------------------|----------|
| <b>1.</b>   | <b>Title and Format</b>  |                   |          |
|   | Is the title clear and unambiguous?  |                   |          |
|   | Does the document follow UHL template format? <i>If no document will be returned to author</i> |                   |          |
| <b>2.</b>   | <b>Consultation and Endorsement</b>  |                   |          |
|   | Complete the consultation section below  |                   |          |
| <b>3.</b>   | <b>Dissemination and Implementation</b>  |                   |          |
|   | Complete the dissemination plan below  |                   |          |
|   | Have all implementation issues been addressed?   |                   |          |
| <b>4.</b>   | <b>Process to Monitor Compliance</b>   |                   |          |
|   | Ensure that the Monitoring Table has been properly completed.                                  |                   |          |
| <b>5.</b>   | <b>Document Control, Archiving and Review</b>  |                   |          |
|   | Ensure that the review date and P/G Lead is identified.  |                   |          |
| <b>6.</b>   | <b>Overall Responsibility for the Document</b>   |                   |          |
|   | Ensure that the Board Director Lead is identified  |                   |          |

## **1. OVERVIEW**

## **2. EQUALITY IMPACT ASSESSMENT**

|           |  | Comments  |          |
|-----------|--|---|----------|
| <b>1.</b> | <b>What is the purpose of the proposal/ Policy</b>   | To provide structured, robust admin processes to ensure the efficient admin management of the paediatric diagnostic service |          |
| <b>2.</b> | <b>Could the proposal be of public concern?</b>  | No  |          |
| <b>3.</b> | <b>Who is intended to benefit from the proposal and in what way?</b>   | Paediatric diagnostic services department and staff, patients and families  |          |
| <b>4.</b> | <b>What outcomes are wanted for the proposal?</b>  | Efficient clinic booking and management<br>Compliance with waiting time targets   |          |
|           |  | Yes/No  | Comments |
| <b>5.</b> | <b>Is there a possibility that the outcomes may affect one group less or more favourably than another on the basis of:</b> | No  |          |
|           | Race   | No  |          |
|           | Ethnic origins (including gypsies and travellers)  | No  |          |
|           | Nationality  | No  |          |

|     |  | Comments |  |
|-----|--|----------|--|
|     | Gender   | No       |  |
|     | Culture  | No       |  |
|     | Religion or belief   | No       |  |
|     | Sexual orientation including lesbian, gay and transsexual people   | No       |  |
|     | Age  | No       |  |
|     | Disability - learning disabilities, physical disability, sensory impairment and mental health problems   | No       |  |
| 6.  | Is there any evidence that some groups are affected differently?   | No       |  |
| 7.  | If you have identified that some groups may be affected differently is the impact justified E.g. by Legislation: National guidelines that require the Trust to have a policy, or to change its practice. | na       |  |
| 8.  | Is the impact of the proposal / policy likely to be negative?  | No       |  |
| 9.  | If so can the impact be avoided?   | na       |  |
| 10. | What alternatives are there to achieving the proposal/ policy without the impact?  | na       |  |
| 11. | Can we reduce the impact by taking different action?   | na       |  |

If you have identified a potential discriminatory impact; please ensure that you do a Full Impact Assessment.

If you require further advice please contact Service Equality Manager on 0116 2584382.

### **3. CONSULTATION SECTION**

(To be completed and attached to Policy and Guidance documents when submitted to the UHL Policy & Guidelines Committee)

| Elements of the Policy or Guidance Document to be considered (this could be at either CMG/Directorate or corporate level or both) | Implications (Yes/No) | Local or Corporate | Consulted (Yes/No) | Agree with P/G content (Yes/No) | Any Issues (Yes / No) | Comments / Plans to Address |
|---|-----------------------|--------------------|--------------------|---------------------------------|-----------------------|-----------------------------|
| Education (ie training implications)  | No                    |                    |                    |                                 |                       |                             |
| Corporate & Legal   | No                    |                    |                    |                                 |                       |                             |
| IM&T (ie IT requirements)   | No                    |                    |                    |                                 |                       |                             |
| Clinical Effectiveness  | No                    |                    |                    |                                 |                       |                             |

|  |    |  |  |  |  |  |
|--|----|--|--|--|--|--|
| Patient Safety                             | No |  |  |  |  |  |
| Human Resources                            | No |  |  |  |  |  |
| Operations (ie operational implications)   | No |  |  |  |  |  |
| Facilities (ie environmental implications) | No |  |  |  |  |  |
| Finance (ie cost implications)             | No |  |  |  |  |  |
| Staff Side/ (where applicable)             | No |  |  |  |  |  |
| Any others                                 | No |  |  |  |  |  |

| Committee or Group (eg CMG/Directorate Board) that has formally reviewed the Policy or Guidance document | Date reviewed | Outcome / Decision |
|--|---------------|--------------------|
| MSS  |               |                    |
|  |               |                    |

| Lead Officer(s) (Name and Job Title) | Contact Details                 |
|--------------------------------------|---------------------------------|
| Hazel Busby-Earle (Consultant)       | hazel.busby-earle@uhl-tr.nhs.uk |

Please advise of other policies or guidelines that cover the same topic area:

|                                      |
|--------------------------------------|
| <b>Title of Policy or Guideline:</b> |
| See references.                      |
|                                      |

#### **4. IMPLEMENTATION AND REVIEW**

|   |  |
|---|--|
| Please advise how any implications around implementation have been addressed: |  |
| <b>Financial</b>  | N/a  |
| <b>Training</b>   | N/a  |
| <b>REVIEW OF PREVIOUS P&amp;G DOCUMENT</b>                                    |  |
| <b>Previous P&amp;G already being used?</b> Yes                               | <b>Trust Ref No:</b> n/a   |
| <b>If yes, Title: Paediatric hearing aid service Admin guidelines v1</b>      |  |
| <b>Changes made to P&amp;G?</b> Yes   | <b>If yes, are these explicit</b> Yes<br><b>If no, is P&amp;G still 'fit for purpose?'</b> Yes |
| <b>Supporting Evidence Reviewed?</b> Yes                                      | <b>Supporting Evidence still current?</b> Yes  |



## **5. DISSEMINATION PLAN**

| <b>DISSEMINATION PLAN</b>     |  |                             |                 |
|-------------------------------|--|-----------------------------|-----------------|
| <b>Date Finalised:</b>        | <b>Dissemination Lead (Name and contact details)</b><br><b>Sheena Hartland, Head of Paediatric Audiology</b><br><b>Sheena.hartland@uhl-tr.nhs.uk</b> |                             |                 |
| <b>To be disseminated to:</b> | <b>How will be disseminated, who will do and when?</b>   | <b>Paper or Electronic?</b> | <b>Comments</b> |
| <b>Paediatric HSD Staff</b>   | <b>Staff meeting/shared drive</b>  | <b>Electronic</b>           | <b>n/a</b>      |

| <b>CATEGORY 'C' POLICIES OR GUIDELINES ONLY</b>   |          |
|---|----------|
| <b>CMG/Directorate Approval Process:</b>  |          |
| <b>CMG Approval Committee:</b>  | MSS      |
| <b>Date of Approval:</b>  | 20/10/23 |
| <b>Copy of Approval Committee Minute to be submitted with request to upload into Policy and Guideline Library</b> |          |

## **Glossary of terms**

|        |   |
|--------|---|
| BAHA - | Bone Anchored Hearing Aid                         |
| F2F -  | Face to face (refers to an appointment in person) |
| Fu -   | Follow up   |
| GP -   | General Practitioner                              |
| H -    | Hearing aid                                       |
| HSD -  | Hearing Services Department                       |
| LRI -  | Leicester Royal Infirmary                         |
| TFu -  | Telephone Follow-up                               |
| TOD -  | Teacher of the Deaf                               |
| VRA -  | Visual Reinforcement Audiology                    |