PAEDIATRIC Protocol for Triage of Paediatric Audiology Referrals HEARING SERVICES DEPARTMENT MSS	University Hospitals of Leicester NHS NHS Trust Trust Ref:C60/2023

1. Introduction and Who Guideline applies to

The following guidelines are for the reference of the Head and Deputy Head of Paediatric Audiology working in the Hearing Services Department of UHL and conducting triage of paediatric audiology referrals for diagnostic testing and hearing aid appointments.

2. Guideline Standards and Procedures

2.1. Diagnostic referral triage

- 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.
- Triaging and coding of referrals is to be completed by Head or Deputy Head of Paediatric Audiology
- Total number of referrals coded per week (excludes complex clinic referrals) should be logged on the following spreadsheet:
    - H/paeds/audits-general/referrals VRA & 3+ received from June 23

Process

- Diagnostic referrals received by post or email will be printed and placed into the 'Paediatric Referral' tray in the mould room.
    - If noted that a specific appointment date is requested or a referral is marked as urgent, 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.
    - Email referrals from EDS will be replied to, to confirm receipt
    - All email referrals, once printed, will be moved into email referrals subfolder for future cross reference to ensure they've been actioned

Triage – to be completed by Audiologist

- Date referral as the date coded.
- Code to the appropriate clinic (See also Appendix A):
    - Below 2.5yrs of age, difficult to test, developmental delay, other significant syndrome or health problems potentially affecting developmental age - Code as:
        - VRA new or
        - VRA targeted follow up (future apt noo risk factor) or
        - VRA TFU Priority (future apt with risk factor)
    - Between 2.5yrs - =4yrs developmental age – Code as:
        - 1.5T new
    - 5+yrs developmental age – Code as:
        - 3+ new
    - APD, Tinnitus or Hyperacusis – Code as:

        - 1T Complex
- Add priority code if appointment not to be booked immediately (As per 'Priority coding sheet' in referral tray)
- Appointment length if different from the standard (30mins VRA/1.5T, 45mins 3+, 1.5hrs Complex)
- Month to be booked if not immediately
- Language of interpreter if requested.

If referral received from NHSP/EDS

- For temporary conductive loss – code as 'VRA Targeted Follow Up'. Check gestational age and record date to be seen at **10 months corrected age**.
- For children for surveillance (Craniofacial abnormalities including CLP & cCMV) - code as VRA TFU Priority. Check gestational age and record date to be seen at **8 months corrected age**. Add comment 'book as bank child'
- Children referred as PCHI are triaged as per hearing aid new referrals admin guideline

Urgent referrals

- For urgent referrals – The coding audiologist is responsible for identifying an appropriate appointment slot and liaising with admin to book.
- Urgent referrals are classified as follows:
    - Meningitis (bacterial) – Book within 4 weeks of diagnosis
    - Oncology – Book within requested timescale
    - In patient - Contact ward to obtain additional medical info if required e.g. medical conditions and risk factors, predicted time as in patient, whether the patient can attend the department and/or whether sedation is possible (If relevant)

Inappropriate referrals

- Non hearing aid user referral received from GP – contact GP by phone and ask them to re-refer to correct service (usually Community Audiology at BPP)
- Child aged <6 months – referral to be taken to EDS for OAE/ABR
- Add child to PN, scan in referral with appropriate description e.g. rejected ref. Note in PN actions taken e.g. GP contacted and will ref to BPP or ref taken to EDS etc. Add details to referral spreadsheet.

2.2. Hearing aid triage - weekly

- New referrals received via email from EDS labelled as 'PCHI' should be printed and placed on the desk of the Head of Paediatric Audiology.
- Reply to the email as confirmation of receipt
- The child's demographic details should be added to PN and a note added saying 'EDS PCHI referral received and given to xxxxx' (Where xxxxx is the person the referral was passed to).
    - The email should then be moved into the 'EDS referral' email subfolder as failsafe to ensure actioned.
    - No further action needs to be taken until instructed by the Head of Paediatric Audiology.
- For PCHI referrals Head of Paediatric Audiology will:

    - Check waveforms and monitor until testing completed
    - Once testing completed; or sooner if appropriate, liaise with TOD service to discuss results and actions needed e.g. offer aiding or TFU
    - Arrange fitting appointment as required
        - Add to 'Hearing aid spreadsheet' if aiding
    - Add to VRA pending list as VRA TFU Priority for appointment at 8 months corrected age if appropriate (see Diagnostic Admin Guidance)
- All other new referrals received by email/post should be printed and placed in the paediatric new referrals tray in the mould room at LRI.
- The referral email should be moved into the appropriate referral email subfolder as failsafe to ensure referral is actioned
- Audiologist dates referral as date when coded (This is done weekly).
    - Children >=16 years as new referral, pass to adult hearing aid team for action
- Audiologist codes as
    - Clinic type 1T/1.5T/2T h-aid ax or 1T/1.5T/2T BAHI ax dependent on developmental age and reason for referral.
        - BAHI is only for children requiring implantable BAHI assessment.
    - Phone triage or F2F ax (include time needed if F2F ax)
    - Other guidance as required e.g. interpreter required or urgency if appointment needed sooner than routine
- Audiologist notes if hospital notes needed and required in order to copy missing hearing tests
- Coded referrals put into hearing aid admin new referrals tray

3. Education and Training

No training is required for current staff. The procedure is the responsibility of the Head and Deputy Head of Paediatrics.

4.Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Sample of referrals followed from receipt to appointment.	Audit	Head of Paediatric Audiology	Quarterly	To be reported to Head of Paediatric Audiology

5. Supporting References

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

NHS Digital (2022) Records and document management policy. Available from: https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/records-and-document-management-policy

6. Key Words

Paediatric referrals; paediatric referral triage; paediatric appointments types; hearing aids

CONTACT AND REVIEW DETAILS	
Guideline Lead (Name and Title) Sheena Hartland – Head of Paediatric Audiology	**Executive Lead** Hazel Busby-Earle - Consultant
Details of Changes made during review: N/a	

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

1. OVERVIEW

2. **EQUALITY IMPACT ASSESSMENT**

		Comments	
1.	**What is the purpose of the proposal/ Policy**	To standardise how paediatric referrals are dealt with by the UHL Paediatric Audiology Service.	
2.	**Could the proposal be of public concern?**	No	
3.	**Who is intended to benefit from the proposal and in what way?**	Audiologists, as this document provides guidance for the triage of paediatric referrals.	
4.	**What outcomes are wanted for the proposal?**	Standardised approach (and guide) to dealing with diagnostic and hearing aid referrals.	
		Yes/No	**Comments**
5.	**Is there a possibility that the outcomes may affect one group less or more favourably than another on the basis of:**		
	Race	No	
	Ethnic origins (including gypsies and travellers)	No	

		Comments	
	Nationality	No	
	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.	n/a	
8.	Is the impact of the proposal / policy likely to be negative?	No	
9.	If so can the impact be avoided?	n/a	
10.	What alternatives are there to achieving the proposal/ policy without the impact?	n/a	
11.	Can we reduce the impact by taking different action?	n/a	

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:

Title of Policy or Guideline:
See references.

4. IMPLEMENTATION AND REVIEW

Please advise how any implications around implementation have been addressed:	
Financial	N/a
Training	N/a

REVIEW OF PREVIOUS P&G DOCUMENT	
Previous P&G already being used? No	**Trust Ref No:**
If yes, Title:	**n/a**
Changes made to P&G? No	**If yes, are these explicit** Yes **If no, is P&G still 'fit for purpose?**

Supporting Evidence Reviewed? Yes	**Supporting Evidence still current?** n/a

5. DISSEMINATION PLAN

DISSEMINATION PLAN			
Date Finalised:	**Dissemination Lead (Name and contact details)** **Sheena Hartland, Head of Paediatric Audiology**		
To be disseminated to:	**How will be disseminated, who will do and when?**	**Paper or Electronic?**	**Comments**
HSD Paed Team	**Via staff meeting – HSD shared drive**	**Electronic**	

CATEGORY 'C' POLICIES OR GUIDELINES ONLY CMG/Directorate Approval Process:	
CMG Approval Committee:	MSS
Date of Approval:	20/10/2023
Copy of Approval Committee Minute to be submitted with request to upload into Policy and Guideline Library	

GLOSSARY

Ax - Assessment

ABR - Auditory Brainstem Response

APD - Auditory Processing Disorder

BAHI - Bone anchored hearing instrument

BPP - Bridge Park Plaza

cCMV - Congenital cytomegalovirus

CLP - Cleft lip & palate

EDS - Electro diagnostic Service

F2F - Face to face

GP - General Practitioner

NHSP - New born Hearing Screening Program

OAE - Otoacoustic Emissions

PN - Practice Navigator

PCHI - Permanent childhood hearing impairment

SNHL - Sensori-neural hearing loss

T1 - Tester 1

T2 - Tester 2

TFU - Telephone follow up

TOD - Teacher of the Deaf

VRA – Visual Reinforcement Audiology

Appendix A : Priority new referral coding list

1. New referrals

1a VRA/1.5T new + 2T Complex new

- Indication/risk of snhl, including Bank new
- NHSP 8 month TFU (excluding no risk factor conductives) and Gent babies - to be seen age at 10 months to maximise chance of results
- Results needed by ENT or other professional to inform management
- NHSP conductives (no risk factors, usually seen at 10 months)

1b 3+ new

- Indication/risk of snhl, including Bank new
- Results needed by ENT or other professional to inform management

1c All other new referrals not included in above groups