PRACTICE ADVICE

THE PROVISION OF HEARING AID SERVICES BY AUDIOLOGISTS

EFFECTIVE: FEBRUARY 2017

You may notice from the title that this document is different from our other "PSGs". It contains only standards, guidelines have not been included. As we move forward, CASLPO will be developing documents that comprise what you want most: the standards. Have a look at the Practice Standards for the Provision of Hearing Aid by Audiologists to see what we mean.

The new Practice Standard reflects members' current practice environments and replaces;

- the Preferred Practice Guideline (PPG) for The Prescription of Hearing Aids to Children
- the PPG for the Prescription of Hearing Aids to Adults and;
- The PPG for Ear Impressions.

The most significant change to the practice standard is the new definition of hearing aid prescription. In 2013 the College sought a legal opinion on CASLPO's definition of hearing aid prescription to ensure it is in keeping with the intention of the Regulated Health Professions Act (RHPA).The legal opinion led CASLPO to clearly distinguish and define the following:

1) Prescribing
2) Prescription
3) Dispensing
4) Fitting

Although this document was developed by the Audiology Practice Advisory Committee with contributions from audiology members, speech language pathology members who work with individuals who are aided may benefit from reviewing the new Practice Standard.

For this Practice Advice article we have included the FAQs from the Practice Standard. They address many clinical scenarios and the answers relate to the Practice Standard or other CASLPO documents.

FREQUENTLY ASKED QUESTIONS

QUESTION 1:

I recently assessed a developmentally delayed child and was unable to complete a standard audiological assessment. Consequently, I do not have an audiogram but I do have other audiometric information that I feel allows me to prescribe a hearing aid.

Can I generate a "prescription" and if so, what do I include in it?

ANSWER 1:

Yes, you can generate a prescription. The requirements of a prescription allow for those situations in which, for a variety of reasons, you may have incomplete data. However, you must provide further information such as,

> "… other appropriate data from the assessment required for dispensing (e.g. RECD, electrophysiological data) along with any necessary patient-specific information (e.g. unreliable respondent, auditory neuropathy spectrum disorder) from the assessment that would be required for dispensing."

In the above scenario, you would provide information regarding the factors that prevented you from obtaining complete data, along with the audiological information that you used to generate the prescription.

QUESTION 2:

What is considered to be a "reasonable effort" in relationship to socio-cultural factors?

I have had some patients whose attire presented a challenge when attempting to accomplish some of the tasks, such as using the headphones, inserting the earmolds, etc. In order to respect my patient's religious expressions that their attire represents should I forego some of these procedures?

ANSWER 2:

It is important that you always provide an effective, quality service and at the same time be responsive to your patient. In instances where you may adapt your tasks or materials without undue cost or time, you should make that effort. If there are no adaptations available, or you would need to go to unreasonable lengths to create new materials or approaches for your clinical tasks, then it is advisable that you discuss with the patient what the options are, and what the impact of the choices may be. If the patient decides that they will not remove the particular attire so that you may complete the tasks and procedures, that decision must be respected. If you end up deviating from the standard as a result of your discussions with the patient, then be sure to document what you discussed and why and how you deviated from the standard.

Guide for Service Delivery Across Diverse Cultures

Guide sur la Prestation de Services Adaptés à la Culture

QUESTION 3:

I have recently had a patient return to me with their hearing aids, which they have been wearing for approximately 2 weeks. I had provided the original prescription but did not dispense the hearing aids. Instead, the patient went to a dispenser closer to their home. The patient cannot remember where or with whom they worked, but they reported that the person did "check to see if the hearing aid was working as expected".

Can I rely on this report and assume that verification has occurred?

ANSWER 3:

When you are confident that the verification has been conducted according to the standards outlined in the document (e.g. when a member or another health care professional who you know is competent to provide verification has conducted the process), you are not required to repeat this process. However, if you are not confident that the verification process has been conducted appropriately, then you must complete that process to your satisfaction.

QUESTION 4:

I frequently see patients with hearing profiles that suggest there is a possibility of an underlying neurological condition, for example a sudden onset of hearing loss. I realize I am required to refer them to the appropriate professional, which would either be an otolaryngologist or a neurologist, however, I am unable to make direct referrals to specialist physicians within the Ontario health care framework. Does this potentially put me in a position of professional misconduct because I am not meeting the Standard E4 in this document?

ANSWER 4:

No, you would not be in a position of professional misconduct because you are unable to make a direct referral to a specialist. You cannot be held responsible for the framework of the Ontario health care system, which prevents you from making direct referrals to specialists. You are however, responsible for working within the framework to facilitate such a referral. This may be achieved by referring your patient to their family physician with the recommendation and rationale for requesting that the family physician make such a referral.

QUESTION 5:

My employer, who is not a member of CASLPO, has set a policy whereby the audiologists are prohibited from providing the patient with a prescription. The rationale is that the company will lose the opportunity to sell the patient a hearing aid if needed. This makes sense from the business perspective, as the company does not charge for the entire assessment so if the patient takes the prescription and purchases the hearing aids elsewhere, my employer has invested manpower resources, but loses the opportunity to recuperate the investment. Can I abide by this policy?

ANSWER 5:

Employers may set their own requirements for their employees, however, you still must adhere to the minimum standards set by CASLPO. If you are developing the prescription, it

> "… must communicate the necessary information in order to direct the accurate dispensing and fitting of the intended hearing aids." (Standard H4).

Furthermore, if you are communicating this information to a third party (e.g. the patient would like to purchase the hearing aid elsewhere and/or the patient wants the prescription), then the prescription also must be in a consolidated format and include the following additional information:

- member's name
- member's contact information
- member's CASLPO registration number
- member's signature

It is expected that you would inform your employer of the standards you must meet and establish a method by which you can do so. CASLPO is happy to support you in these efforts.

QUESTION 6:

I work for a hospital where I provide hearing assessments and prescriptions but do not dispense the hearing aids. I realize I must provide the third party who is dispensing the hearing aids an accessible, consolidated hearing aid prescription. In situations where I feel it is imperative that the patient come back to me for the fitting and verification, can I ask the audiologist who is dispensing to not fit the hearing aids?

ANSWER 6:

You may wish to convey to your patient to return to you and you may request the audiologist dispensing the hearing aids to convey to the patient that they should return to you. Ultimately, it is the patient's choice as to what they will do. In order to mitigate risk and to ensure quality care, the College requires any audiologist who is dispensing the hearing aids to adhere to the standards of practice set out in this document.

Specifically, those related to dispensing hearing aids include but are not limited to the following:

> Standard H8: Audiologists must ensure that the physical fit of the hearing aids is appropriate.
>
> Standard H9: Audiologists dispensing and fitting hearing aids must ensure that the hearing aids are programmed using a fitting formula or approach that is appropriate for the patient.
>
> Standard H11: Audiologists must take reasonable steps to verify the hearing aid settings.
>
> Standard H14: Audiologists must inform the patient regarding the importance of verification and validation and make reasonable efforts to ensure they make arrangements to do so.

It should also be noted that if in the process of dispensing the audiologist feels it is appropriate to change the prescription, then it is also a requirement that they make reasonable efforts to contact you to discuss the changes and determine if the changes are in the best interests of the patient.

QUESTION 7:

My patients routinely access third party funding to assist with the costs of their hearing aids. Many of these funders, such as the Assistive Device Program (ADP) and the Workplace Safety and Insurance Board (WSIB), have requirements that differ from the College requirements. Which set of requirements must I meet?

ANSWER 7:

The simple answer is you must always meet the standards set out by the College. If the funding body has additional standards, then in order for your patient to receive the funding, you must also meet those standards. However, sometimes, the funder has requirements that fall short of the College's. For example, an ADP application form, in and of itself, fails to satisfy the College's requirements for a prescription. Similarly, WSIB has a validation questionnaire

that may not address all the areas this document identifies when completing the process of validation. It is expected that audiologists will apply their professional knowledge, skill and judgement to determine the gaps between any third party funder's requirements and the College requirements and ensure, first and foremost, that they meet all the College requirements.

QUESTION 8:

Recently, I have noticed that certain products I have used for many years have new labels indicating "single use", although nothing else appears to be different about the product. Up until this time, I have applied rigorous disinfection procedures so that I can reuse them. Must I now dispose of these items after each use, even if I am reusing them with the same patient?

ANSWER 8:

When manufacturers' specifications indicate "single use", generally, you should not disinfect for reuse, regardless of whether it is with the same or different patients. The manufacturer may have a variety of reasons for applying the "single use" label. For example, they may have changed the physical properties in such a manner that disinfection is no longer effective. If you are considering reusing any items that are labelled "single use", you must exercise extreme caution. It is your professional responsibility to determine if your disinfection procedures are effective for a particular product in a particular situation and you must be prepared to justify that decision with current, concrete evidence. Typically, this is very difficult to achieve so we recommend not reusing single use items.

QUESTION 9:

I work in a clinic in which there are several audiologists and we occasionally will share patient interventions due to scheduling needs, absences, etc. How do I know if the previous audiologist has completed the prescribing process?

ANSWER 9:

Regardless of whether patient records are shared or not, all members are required to ensure the patient record is complete and accurate. Further, the definition of a prescription speaks to documentation (see page 20):

> "The documented directive, given by an audiologist, specifying the hearing aid to be dispensed to an individual."

Therefore, it is incumbent upon any audiologist who has completed the prescribing process to document that in some manner in the patient record. The documentation may be as simple as "Prescribed XX hearing aids. See details in record". If there is no documented directive, the audiologist must apply their professional judgement. They must consider the given information in the patient record, determine if they are able to provide a prescription and document this in the patient record.

QUESTION 10:

My patient has a limited budget for hearing aids but based on my assessment of needs, the hearing aids I would recommend are beyond the patient's ability to pay. Do I recommend a product that I do not believe is ideal in order to accommodate the financial constraints?

ANSWER 10:

Determining the patient's needs includes considering their financial situation. In fact, one of the required competencies for prescribing is the demonstration of the knowledge, skill, and judgement in order to:

> "Map the patient's hearing and/or communication needs to the level of technology that would best meet the goals given the patient's financial considerations" (page 19)

It is your responsibility to find a solution that accommodates the financial needs as well as all other needs. This process must include collaboration with the patient. It is important to explain to the patient how your recommendations for hearing aids relate to all their needs. This includes informing the patient of all the benefits and drawbacks of each option, and how these relate to pricing. Similarly, you must not assume that patients with unlimited financial resources may wish to have the most expensive hearing aids. Again, your recommendations must map all the needs of the patient to the level of technology.

QUESTION 11:

Occasionally, at my agency I do not perform the entire assessment because another non-audiologist has provided me with some of the data, including an audiogram. I do not supervise this person and they are not considered my support personnel. Can I use the assessment data to generate a prescription? Similarly, at times, someone else may end up dispensing and fitting the hearing aids that I have prescribed and that individual may not be an audiologist. Can I rely on that other professional to dispense and fit the hearing aids?

ANSWER 11:

You may use the assessment data already generated provided you are confident the data is accurate. However, you cannot merely take assessment data and prescribe hearing aids without direct contact with the patient in order to thoroughly understand their needs, capabilities and goals as part of the full assessment. The Code of Ethics states that the member:

> 4.2.5 shall ensure that the primary assessment/treatment/consultation with patients/clients will be a face-to-face or other professionally appropriate encounter;

In addition, you as the audiologist must be the one to determine the specific hearing aids to be prescribed and you cannot rely on any recommendations regarding the specific hearing aids made by the non-audiologist. Standard H4 addresses this, stating:

> "Audiologists must determine the specific hearing aid based on a comprehensive evaluation in order to issue a prescription."

So for example, it would not be appropriate for the audiologist to simply sign a form that contains the specific hearing aids that are recommended. The audiologist "must determine the specific hearing aid". Also be reminded that you have requirements regarding documentation, including, documenting what you have prescribed. With regard to dispensing and fitting, again, you must be confident that it was performed thoroughly, otherwise, you should perform this function yourself or if that is not possible, encourage the patient to see someone who you are confident will do an adequate job.

When considering your level of confidence in other professionals providing aspects of hearing aid services, it is reasonable to have confidence in another audiologist, given they are

regulated and required to meet practice standards (unless, of course, you have a reason to think otherwise). Your confidence in a non-audiologist performing aspects of the hearing services would be guided by your professional judgement.