

# Endnote Address: Untitled no. 1

John Bamford

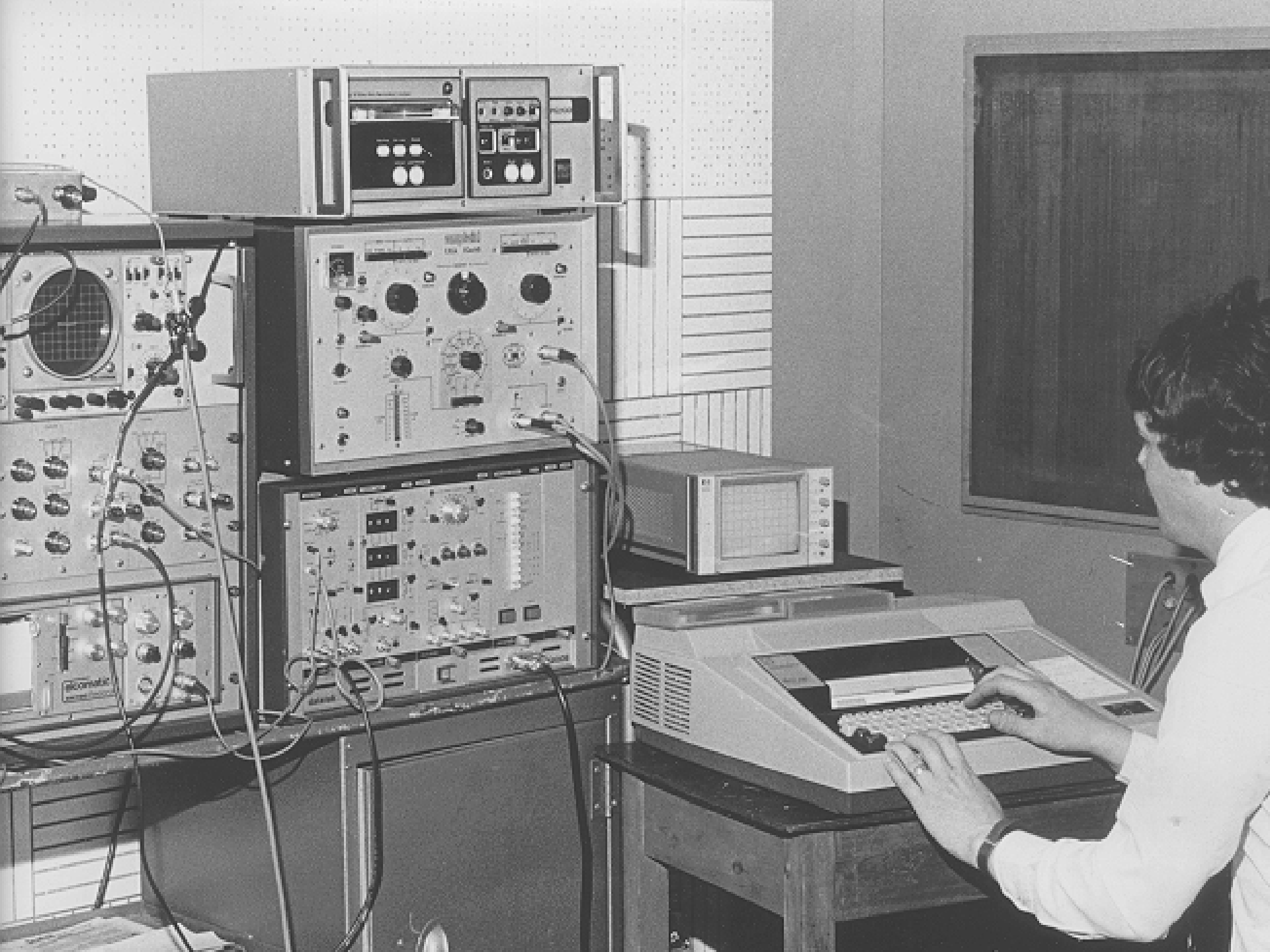


A major driver in paediatric audiology for over 50 years:

- Earlier identification and better technology equal higher expectations and better outcomes for child, family and society









- BUT...early ID alone is not enough: interventions and family support key
- BUT...only if all steps are done well (*screening—diagnosis—hearing aid fitting—early support and intervention*)
- How can we ensure quality?



- Disseminate good practice via the Sound Foundation Conferences!
- Over 2,000 audiologists from over 40 countries
- Every 3 years—with emphasis on effecting clinical change to better practice
- 1998: 1st conf: Fred Bess's endnote address—how to change services—audiologists as 'agents for change'—through:
  - training and education;
  - CPD;
  - evidence-based practice/guidelines and protocols;
  - certification;
  - centres of excellence.

## Since 1998...

- Newborn hearing screening better and more universal  
*(but note KW's challenges)*
- Excellent diagnostic protocols developed *(but note PR's case examples; UK experience also)*
- Great progress on technology of aids, FM systems and implants and procedures for selection and fitting  
*(but note the increasing complexity (LE); and an equity issue: separation of CI teams—LE presentation)*
- Better and more appropriate use of outcome measures
- Greater understanding of parent-centred services, facilitation of informed choices

Only four questions for a health service (Prof. Muir-Gray) or for 'change agents'

1. What works? (*efficacy, effectiveness*)
2. What should we be doing? (*efficiency, legitimacy*)
3. How do we do it? (*equity, acceptability, optimality*)
4. Are we doing it? (*audit, quality improvement*)

--Who are 'we'? Individuals? Service teams?  
Professional groups? National? International?

- Audit what processes and procedures services are using
- Monitor and measure child outcomes
- Parents' (and/or young persons') views of and satisfaction with services

We can relate intervention processes, satisfaction and outcomes in order to expand knowledge of **what works** (*MB, M-PM, AY presentations*)

Ensuring service quality is more complex than it may appear at first sight (*AY presentation*)

- Quality of a service may be as much a product of parents' appraisal of what counts as quality to them, as the nature of the intervention processes themselves
- Also, the outcomes that professionals think are important ('the destination') may not be the same for parents (or child/young person in due course)

- JCIH 2007: 'the goal is to maximise linguistic competence and literacy development...intervention before six months of age from health care and educational professionals...'

## Listen to parents (processes)...

- *" Being young parents of young children with a hearing loss is very frightening and one feels very vulnerable and it is a time when you really want the best for your child and the support from the service are vital to help one cope".*

- *“there we meet a whole team and it is much easier for us to make decisions regarding our son’s needs. We meet everyone from surgeon to audiologist to visiting teacher to speech therapist under one appointment and the service is very efficient with no time lost. This is easier on our son and on us as his parents”*



- *“At no stage in all of this had anyone explained the plan of care my son should get or what is should expect. No one explained the management of hearing aids, the planned follow up, the assessments, the time frame, nothing. My greatest source of information was ...[charity], which incidentally I heard about by chance. If felt I was totally alone with the care of my son and had no idea what the future would hold.*

## Listen to parents (outcomes)...

*Right, our hope would be for her to be happy, happy in everything, you know just a happy person, obviously. And confident, a confident person and proud of who she is and successful in whatever she wants to do in life.*

*Yeah, I was talking about this with my husband and probably our biggest hope for her, because we're Christians, we'd love for her to become a Christian...so that would probably be our biggest hope for her. Next would be that she's happy and she has loads of friends would be the third one.*

## Top three things for a quality paed aud service? (n=13)

- First class staff
- Quality standards backed up with peer review
- Good infrastructure/equipment
- Good teamwork
- Family centred, family friendly, with parent support networks
- Good leadership

**<sup>1</sup>First class staff:** they carry out a volume of testing which enables them to maintain/develop their skills; they sub-specialise within their team; they are identified as the Paediatric Audiologists (if working within a mixed service); they are willing to learn/participate in peer review; they are well trained and work to agreed protocols and guidelines yet retain flexibility within their service delivery to best meet the needs of the child and parents

**<sup>2</sup> Good Teamwork:** Clear team composition; coordinated approach to the child and family; clear lines of communication; awareness of limitations: service is willing to ask for help/support; clear referral pathways in place

## A parent's top three (n=1)

- Leadership
- An evaluative/learning culture taking account of all contributions (including parents)
- Good organizational structures with clearly defined roles and responsibilities

# THE key drivers for Quality Improvement?

- Leadership
- Education and training

# Leadership...

- Team worker, good communicator; High level of emotional intelligence; Supportive of staff training needs; Outward looking, embracing change; Committed to evidence-based practice
- Self awareness, good self management, flexibility, a drive for service- and self-improvement, and personal integrity
- Leading change through people, holding to account, empowering others, effective and strategic influencing, collaborative working

# Education and Training...

- to produce reflective and flexible audiologists committed to lifelong learning and improvement
- to produce audiologists who use and help to improve evidence-based best practice guidelines, but also...
- style, approach and attitude are crucially important



# Vision for services?

The vision for audiology services is of high quality, safe, effective and efficient services, meeting and responsive to the changing needs of those of any age, from birth to old age, with potential or suspected difficulties with their hearing, auditory function, or balance, or with tinnitus.

The services should be accessed without undue or unnecessary delay, and as far as possible be geographically convenient.

Services should offer clear and accurate information upon which clients (or carers) can exercise their rights to make informed choices and should result in a high level of client (or carer) satisfaction.

The services should be staffed by a well-trained, dedicated, caring and competent workforce with good governance and accountability, excellent clinical leadership, and committed to an evidence-based and evaluative service.

They should work cooperatively, efficiently and collaboratively with closely allied disciplines as a multidisciplinary team, especially Otolaryngology, Paediatrics, Speech and Language Therapy, and with other agencies, such as Education, and have parents at the centre of decision-making.

They should use techniques, procedures, facilities and equipment that reflect best practice.

- Does this vision make any sense for developing countries (*dWS' presentation*)?
- What can we do to help delivery of better services more equitably across the globe?
- Top down or bottom up leadership?  
WHO/UNESCO; political governance; NGOs; professional groups; individuals??
- Rwanda; Dominican Republic: examples