BSHAA
The British Society of Hearing Aid Audiologists

Member Documentation

# Record Keeping Guidance

**Document Updated:** 13/10/2024

# Introduction

**This document should be read in conjunction with the BSHAA Guidance on Professional Practice for Hearing Aid Dispensers and Members published on the BSHAA website, which provides further detail on the handling and storage of data, onwards referral criteria & process and capacity**

**For further advice or information, please contact:**

**BSHAA: membership@bshaa.org**

# Record Keeping Guidance

When appropriate and acceptable to the client, all reasonable endeavours should be made to ensure that the client is accompanied by a partner, relative, advisor or carer who is able to be present throughout. This is especially important for any initial hearing consultation or assessment and it is strongly encouraged that all domiciliary appointments are accompanied.

Details of the accompanying person (including their relationship to the patient) and the reason for their presence, i.e. their role, should be recorded and where this has not been possible, the reasons for this should also be noted.

The patient's personal details should be confirmed and recorded in either manual or electronic format, to include:

a. Title

b. Forename(s)

c. Surname

d. Date of birth

e. A unique patient reference number

f. *Primary contact details to include:

i. Full Postal address including post code.

ii. Telephone number(s) including any associated area/access code(s).

iii. e-mail address (if it is a method of communication used by the patient or primary contact).

*If the primary contact details are not those of the patient, all associated records should clearly state that the primary contact is not the patient and any other relevant information, such as the reason(s) for this along with the consent of the patient to the sharing of records with the primary contact via these details where necessary. If the patient lacks the mental capacity to consent to sharing information (and to consent to examination and / or treatment, hence the reason for the intervention of the primary contact) this should be recorded and a note made of why each action or decision is deemed by the practitioner to be in the patient's best interests. This judgment should be made by the practitioner, not solely on the basis of information from the primary

contact. Where the patient resides at a different address to that used as the primary contact address, their address should also be recorded.

## Safeguarding

HCPC Standards of Proficiency changes (1st September 2023) place a pro-active duty on registrants in this area. All members are reminded they must always be vigilant for safeguarding concerns, take appropriate action where required and record concerns and any actions within records.

## Duty of Candour

The duty of candour requires members to be open and honest with patients about their care, including any issues that may arise, such as mistakes or omissions. Members must also provide support where needed and ensure that all relevant information concerning the duty of candour is accurately recorded.

## Special considerations when conducting domiciliary visits.

The patient should be requested to have an accompanying person with them at ALL appointments

Where this has been declined by the patient or deemed not possible, the reasons for this should be recorded.

Details of the agreed and/or expected accompanying person should be recorded and upon arrival at the agreed location the details of any accompanying person should be confirmed, with any change(s) duly recorded. If the accompanying person seeks to assist on the basis that the patient lacks the mental capacity to consent to any decision, examination or treatment offered this assertion should not be accepted or acted upon at face value; practitioners should satisfy themselves that there are reasonable grounds to believe the patient is unable to consent AND that the examination / treatment in question is in the best interests of the patient.

Domiciliary appointments can provide a more comprehensive view of the patient's overall circumstances and members should be particularly attentive to any safeguarding concerns.

At all times, members should ensure that the environment is both clinically appropriate and safe – a BSHAA photographic membership card should be carried for identification (electronic or hard copy).

## Case History

A case history should be recorded when seeing the patient for the first time and at least every 12 months as a minimum. BSHAA recommends that it is best practice to complete a new case history every time a new prescription of hearing instruments is made.

The case history should be recorded early in the consultation process and should include all relevant information obtained from the patient or their representative. This information should fully and accurately inform the practitioner about the cause(s) and effects of the patient's hearing impairment or treatment needs, as well as any

other factors that may influence the practitioner's advice and individualised management plan.

The information recorded should be based on a series of structured questions to the patient and to any accompanying person(s) who can contribute confirmatory or additional significant information.

The findings from the case history exploration should be recorded either as part of written case notes or as an electronic record or both.

Whichever method of recording the findings is chosen, the following should apply:

a. The client should be clearly identifiable.

b. The date on which the case history was taken is stated.

c. Descriptions of findings should be unambiguous.

d. The identity of the person taking the notes is clearly recorded.

Records should be retained in accordance with legislation relating to health records and in line with GDPR requirements. In the absence of other guidance, records should be retained for a minimum of seven years.

The case history should include information of at least the following:

a. When the hearing loss was first noticed.

b. Nature of the onset of the hearing loss.

c. Any actual or potential cause(s) of the hearing loss including any relevant family history or genetic influence.

d. Previous hearing assessment(s) and any hearing aid experience including:

i. when and by whom undertaken

ii. whether hearing aids have been previously used/trialled and when

iii. outcome(s) - if known

e. Any known or reasonably foreseeable allergy or hypersensitivity, which may be relevant to the use of any hearing aid system.

f. Any relevant, previous and/or current medical or surgical interventions including when and by whom undertaken and outcomes. This includes information about medications (prescribed or not) and other therapies if known*.

g. Any known or suspected asymmetry of hearing loss.

h. Any of the following conditions relating to the ear(s) or hearing and whether any condition is currently being experienced or is in the recent or more distant past.

i. Tinnitus

ii. Vertigo or other balance problems

iii. Pain in or around the ear(s)

iv. Discharge in or from the outer ear.

v. Whether the client has a perforated ear drum.

vi. Onset or progress of the hearing loss.

vii. History of excessive noise exposure.

viii. Any other significant conditions relating to the auditory system and the patient's general physical and mental health.

i. Details of the client's general medical practitioner.

j. Whether the client has a history of wax discharge or build-up.

*Members are reminded to be particularly observant for possible ototoxic drugs and an acknowledgement of whether the patient has medical devices fitted, including PVP shunts or pacemakers should always be recorded.

## It is recommended that the case history is supplemented by a hearing needs assessment to include:

i. Detailed effects of any hearing impairment on the lifestyle/wellbeing of the patient.

ii. Situations in which hearing difficulties are regularly experienced.

iii. Situations in which it is important to the patient that hearing difficulties are improved.

## Initial assessment appointments, should contain the following as a minimum:

a) Time, date and location of appointment

b) Details of those present

c) Details of Audiological tests carried out

d) A summary of findings to include any requirement (or not) for onwards referral.

e) Patient`s acceptance and/or motivation towards these findings (or lack of) *.

f) Details of any demonstration carried out, including:

i. Make and Model of hearing aids used

ii. Rationale used for programming

iii. Programming adjustment in relation to full prescription

iv. Patients' reaction to the demonstration

g) Details of any other services being sign-posted to, such as tinnitus or communication self-help groups.

h) Details of the next scheduled appointment.

*If the client is unable to understand the findings (and therefore unable to accept them) through lack of mental capacity this should be recorded.

i) Where a recommendation is made to the Patient, records should include:

i. The Make and Model of hearing-aids being recommended.

ii. Any assistive listening devices also recommended

iii. The total cost.

iv. Any inclusive aftercare being provided.

v. Any trial period being offered.

j) Where the patient accepts this recommendation (or in the case of a patient who lacks the requisite mental capacity is unable to accept a recommendation and recommendations / decisions are made in the patient's best interests), records should show clear explanation of:

i. Any ongoing consumable costs such as batteries, wax filters, domes etc…

ii. The length of any manufacturer guarantee period.

iii. The implications of any financial agreement entered into.

iv. Length of any cancellation or trial period.

v. Any charges to be retained for "professional service provided" where hearing-aids are returned within any trial period.

k) Whenever the patient does not accept best advice, notes should clearly record the patient`s reasoning for doing so and their understanding that performance of any supplied instruments may be impaired. (Examples of this may be, but not limited to):

i. Opting for a lower level of technology, despite requiring more advanced help in challenging environments.

ii. Opting for a more discrete style of hearing aid.

iii. Opting for a monaural fitting where there`s an audiological need for a binaural fitting.

If the patient is unable through lack of mental capacity to accept or reject best advice and therefore to provide reasons this should be recorded.

## Fitting appointments, should contain the following as a minimum:

a) Time, date and location of appointment.

b) Details of those present, the reasons for their presence and the consent of the patient to their presence or that their presence is in the patient's best interests

c) Any reported or suspected changes to conditions requiring onward referral

d) Settings used for the programming of instruments such as rationale, adaptation levels and additional programmes.

e) Any positive or negative comments from the patient.

f) Details of any verification method used.

g) Details of any fine-tuning adjustments made.

h) Experience of patient in handling/fitting/comfort of the hearing aids.

i) Details of any cleaning regime/maintenance covered or if being deferred at this time, details of when and how it will be covered.

j) Details of any structured rehabilitation programme.

k) Time, date and format of the follow up appointment (this should always be prior to the expiry of any trial period).

## Follow-up appointments, should contain the following detail as a minimum:

a) Time, date and location of appointment.

b) Details of those present, the reasons for their presence and the consent of the patient to their presence or that their presence is in the patient's best interests

c) Any reported or suspected changes to conditions requiring onward referral

d) Usage data from the manufacturer fitting software.

e) Any positive or negative comments from the patient or supporting person

f) Details of any fine-tuning adjustments made and reasons why

g) Experience of patient in handling/fitting/comfort of the hearing aids.

h) Details of any cleaning regime/maintenance covered.

i) Record the details of any outcome measures being used (e.g. COSI, IOIHA, Glasgow).

j) That the client was reminded when the trial period will come to an end and whether this is being extended in anyway*.

k) Time, date and format of the next appointment and how the patient can initiate an appointment sooner, if required.

l) That the patient has sufficient consumable to last until the next planned appointment and that they know how to obtain more should they be required.

m) Where any fitting is unsuccessful and an alternative hearing-aid model or style is offered in place of a refund, * the record must clearly state:

i. If a refund request was denied and the reason(s) why.

ii. Whether any new trial period is being provided.

iii. Whether this is in lieu of any refund.

*It is important to note that this must be confirmed in writing and that the patient`s` legal rights cannot be infringed.

## Service appointments should contain the following detail as a minimum:

a) Time, date and location of appointment.

b) Details of those present, the reasons for their presence and the consent of the patient to their presence or that their presence is in the patient's best interests.

c) Any reported or suspected changes to conditions requiring onward referral

d) Reason for the appointment.

e) Any positive or negative comments from the patient or supporting person.

f) Usage data from the manufacturer fitting software.

g) The steps taken to assist the patient. (Physical or electronic).

h) If the instrument must be sent to the manufacturer and why.

i) Any action taken by the manufacturer.

j) When the instrument arrives back, when it was fitted or if it was sent to the client without the need for a dispenser visit.

k) Many service appointments can be mitigated through regular maintenance of the hearing aids and with pro-active wax-management. Where service issues are repetitive and a result of either of these, records should include:

   i. Any further advice/instruction given to mitigate against.

   ii. Photos of the issues captured via Video Otoscope.

l) If any trial period is being extended (this must be confirmed in writing).

## Donation of Hearing aids to Charities and end-of-life recycling

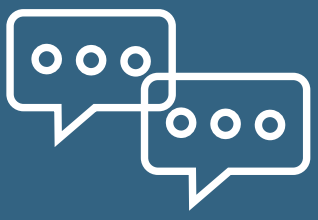
All members must adhere to best practice and legal requirements regarding the handling and disposal of used hearing aids. This includes ensuring data security, minimising the risk of communicable diseases and properly disposing of electronic components.

The Society recommends that patients who are upgrading their hearing aids should keep their old hearing aids as a spare pair. This practice provides a backup in case of emergencies or repairs, ensuring continuous access to auditory assistance.

However, there may be instances where this is not suitable, and patients may inquire about options for recycling or donating their old hearing aids.

Members should always consult the manufacturer of the hearing aids to ensure that any WEEE directive requirements are complied with and that any donations are sent to genuine charitable organisations.

In all circumstances, members must record any actions taken, along with the serial numbers of the hearing aids. This ensures traceability and accountability, facilitating proper follow-up and evidence of compliance.



# Queries & Questions

BSHAA has taken all reasonable steps to ensure that the information in this guide is accurate and up to date.

BSHAA does not accept any liability for any errors or omissions, or for how it might be interpreted or used.

The Society welcomes comments on this document or if you have any questions or queries, please contact us through:


The British Society of
Hearing Aid Audiologists
61 Bridge Street,
Kington,
Herefordshire,
HR5 3DJ

membership@bshaa.org

bshaa.org


| | |
|---|---|
| Document Title: | Record Keeping Guidance |
| Version Number & Date: | FINAL 13.10.2024 |
| Author: | BSHAA Quality Standards Group |
| Consultation Directors: | Complete |
| Date Approved: | 28.10.2024 |
| Approved By: | The BSHAA Board |
| Effective From Date: | 01.11.2024 |
| Date of Review: | 01.11.2026 |

BSHAA
The British Society of
Hearing Aid Audiologists


Published by the British Society of Hearing Aid Audiologists, 2023