

Purpose: The purpose of this document is to establish the responsibilities, accountability, and resources for the professional activities of the audiologists and our work with patients receiving ototoxic and vestibulotoxic medications.

Provision of Care: Comprehensive Ototoxicity monitoring by the Audiology department is possible through the Direct Scheduling Initiative (2016) in which the need for consults from physicians was removed. Patients have the ability to make appointments directly with the audiology clinic. Audiology will monitor ototoxic medications prescribed to patients using data management. Medications that will be monitored in the first stage will include cisplatin, gentamicin, and amikacin. A consult is available for other medications including but not limited to: streptomycin, tobramycin, neomycin, and loop diuretics.

- A. Patient care visits include but are not limited to:
 - a. Face to face patient visits for comprehensive ototoxicity monitoring protocols: hearing exams and vestibular exams
 - b. VVC visits and Screening through hearing aid applications
 - c. Telephone visits
 - d. Urgent or same day face to face patient visits for sudden changes in hearing or to accommodate other treatment schedules
- B. Patient Care Activities: All of these functions compliment patient care visits and focus on providing safe and effective medication use in our Veterans. Patient care activities include but are not limited to:
 - a. Reviewing data to identify patients prescribed ototoxic medications
 - b. Contacting patient to schedule baseline or monitoring exam
 - c. Engaging patient in referrals for other evaluations as clinically indicated
 - d. Alerting physicians of changes in hearing or balance
 - e. Participation in safety initiatives, research and quality assurance
 - f. Providing continuing education and staff education opportunities
 - g. Following consistent processes for patients who no-show (face to face, telephone and VVC visits)
 - h. Responding to e-consults to address clinical questions
 - i. Entering Return to clinic orders for follow up and no-show rescheduling
 - j. Enter ROES requests for Hearing aid orders
 - k. Enter ROES requests for Assistive listening devices apart from hearing aids
- C. Referrals for Care: Clear and standardized processes for referral of patients to Ototoxicity Monitoring will be established with providers involved, including Audiology, Oncology, Infectious Disease, Hematology, Pulmonology, Pharmacy or other providers prescribing ototoxic regimens. Methods for consultation may include:
 - a. Provider referral (i.e. adding audiology as a cosigner to a note in the electronic medical record or through Audiology Consult Menu for Ototoxicity Monitoring)
 - b. Population management (i.e. patients identified that require follow-up based on a database such as the clinical dashboard, data management)

- i. Direction of cross coverage requirements to follow patient on behalf of another audiologist on leave)
 - ii. Identification of patients who require follow-up based on a database
 - c. Scheduler referral (i.e. patient with complaints who calls to make an appointment by direct scheduling)
 - d. Leadership (i.e. Chief of Audiology, Chief of Primary Care, Chief Specialty Care, Chief of Pharmacy)
 - e. Patient self-referral (specifically for patients being seen by Community Care and may not be captured by data management and for patients who have had treatments in the past and should follow up with care for any current symptoms.)
 - i. Educational materials such as brochures will be distributed to pharmacy, specialty care, primary care for patient education.
- D. Patient Care Coordination: Audiologists are advanced practice, licensed independent practitioners and can exercise independent decision making within their scope of practice. Consultation with appropriate providers is required for advanced patient care management beyond the audiology scope of practice (e.g. diagnosis, change in risk, change in treatment plan and prescription regimens) When changes occur in the patient's condition and when advanced patient care management is required that is outside the Audiologists' scope, consultation would be required with the provider responsible for treatment regimen. Care coordination is designed to maximize patient safety in regard to monitoring for adverse effects of treatment that include hearing loss and balance disorder and to provide immediate diagnosis and treatment for as many Veterans as possible, improving Veterans quality of care, quality of life, access to hearing aid benefits and reduce communication difficulties.
- E. An alert will be created for the provider ordering the medications in the following scenarios:
 - a. Patient has had a change in hearing or balance and alert is created for provider awareness
 - b. Patient is non-adherent with ototoxic monitoring protocols during treatment regimen and will be followed up at end of treatment by audiology
- F. Audiologist Responsibilities
 - a. Determine whether patient referral falls within the audiology clinic policies and scope of practice
 - b. Documentation of the patient visit and services in the electronic medical record progress note
 - c. Communicate with appropriate provider if:
 - i. Changes in hearing and/or balance is found by testing or by patient report
 - ii. Audiologist to alert provider who is authorized to diagnosis and review treatment plan, determine if treatment plan is clinically indicated, determine next steps of care when advanced patient care management is required (deterioration of condition, change in risk)
 - d. Monitoring will be continued for patients through data management, consults, alerts, or patient self-referrals
 - e. Directly address patients who no-show (face to face, telephone, and other appointment modalities) in a consistent manner: allowing for patient to elect for follow up post treatment regimen and offering assistive listening devices to aid communication.
 - f. Use Return to Clinic procedures for follow-up and no-show rescheduling

- g. Use Self Alert tool in CPRS to track patients for communication and follow up
- G. **CLINIC SPACE AND ANCILLARY SUPPORT:** The Audiologists for Ototoxicity monitoring are located at the downtown facility. Services should be consistent for each scheduled clinic to include but not limited to:
 - a. Chief of Medical Administrative Service (MAS) or Health Administrative Service (HAS) Responsibilities (ensure the following are consistently provided to all providers):
 - i. Address ACTIVE consults and RTC orders for scheduling new & follow-up visits
 - ii. Calling patients for reminders and contacting no-shows for rescheduling
 - iii. Mailing clinic appointment letters for
 - iv. Other ancillary support activities provided to Veterans on team are consistent for all providers
 - v. Support as needed/requested by Audiologists