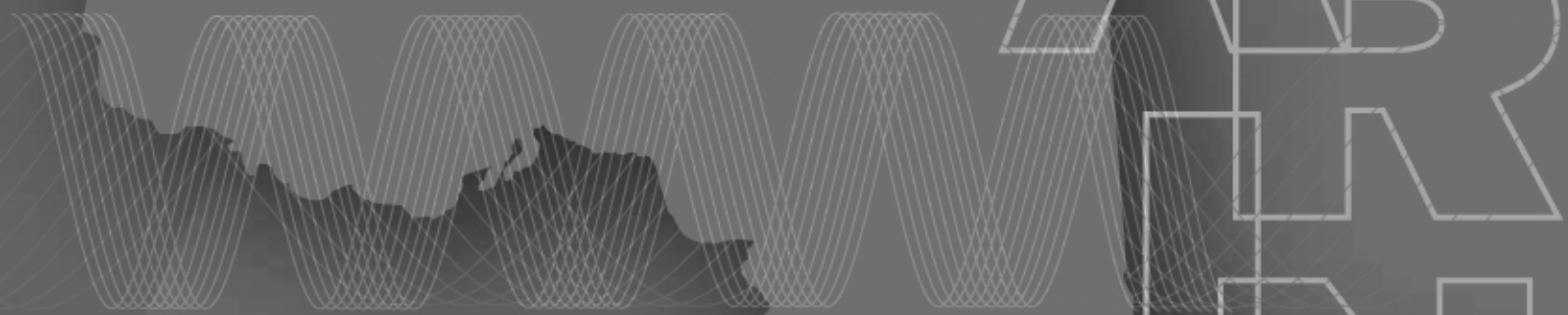
PROGRAM
OF CARE

noise induced HEARING loss



WSIB ONTARIO
Workplace Safety & Insurance Board

CSPAAT
Commission de la sécurité professionnelle et de l'assurance contre les accidents du travail

Acknowledgements

The WSIB would like to acknowledge the significant contributions of the following associations, and workplace representatives in the development of the Program of Care for Noise Induced Hearing Loss.

- Ontario Association of Speech-Language Pathologists and Audiologists
- Ontario Federation of Labour
- Ontario Medical Association
- Ontario Psychological Association
- Employers' Coalition of Ontario
- Association of Hearing Instrument Practitioners of Ontario

To deliver the Program of Care, you will be required to meet the following criteria:

- Be registered with the WSIB
- Attend or view a web cast briefing session
- Fulfill all Program of Care reporting requirements
- Begin to submit all POC invoices electronically no later than October 1, 2004
- Bill according to the new fee schedule
- Should you choose not to deliver the Program of Care to workers:
  - Refer the worker to someone who participates in the Program of Care
  - A list of providers who will deliver the Program of Care will be posted on the WSIB web site (www.wsib.on.ca)

Health Professional Access Line:
1-800-569-7919 or (416) 344-4526

Please call the Health Professional Access Line if you have any questions about the Program of Care.
Hours: Monday – Friday 9:00 a.m. - 4:00 p.m.

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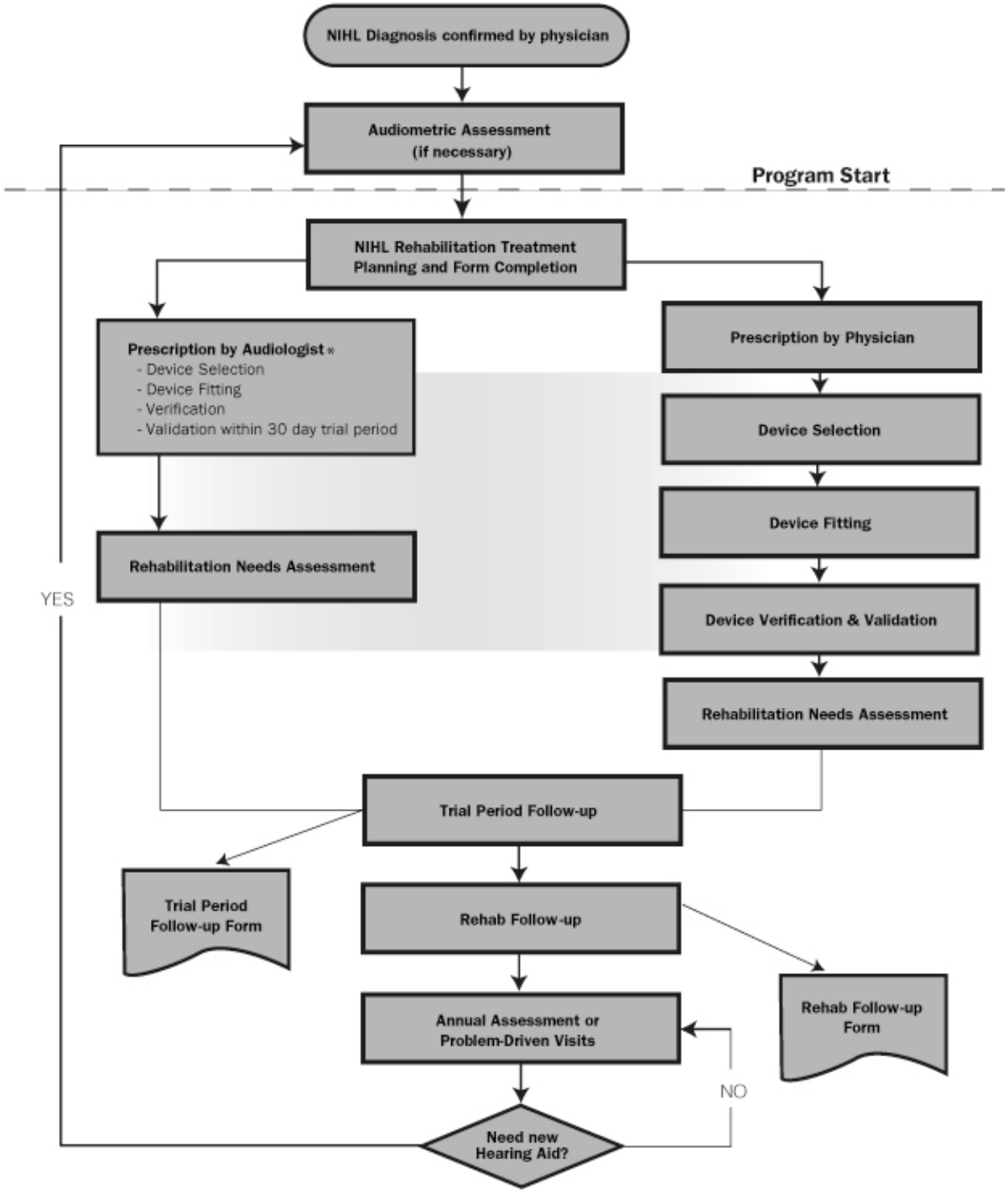
Table of Contents

Program of Care for Noise Induced Hearing Loss Algorithm	
Introduction	**3**
Program Objectives	3
Admission Criteria	3
Audiometric Assessment	4
Components of the Program of Care	**5**
Treatment Plan	5
Outcome Measurement	5
Device Selection	6
Hearing Aid Dispensing, Fitting and Verification	6
Rehabilitative Needs Assessment	7
Trial Period Follow-up	8
Noise Induced Hearing Loss Rehabilitation Follow-up	9
Periodic Assessment & Problem-driven Follow-up	10
Quality Assurance	**10**
Communication Requirements	**11**

Program of Care for Noise Induced Hearing Loss (NIHL POC) Algorithm

The following algorithm shows the process for delivering the Program of Care from initial screening to discharge.



* Prescription of a hearing aid is defined for audiologists under the CASLPO Preferred Practice Guidelines as including hearing assessment, prescription of the hearing aid, dispensing of the hearing aid, and verification and validation of the hearing aid, within the 30-day trial period.

Program of Care for Noise Induced Hearing Loss

Introduction

A Program of Care is an evidence-based health care delivery plan that describes treatments shown to be effective for a specific injury/illness. The Program of Care for Noise Induced Hearing Loss (NIHL POC) was developed through a collaborative process that included representatives of associations, employer and worker representatives, and the WSIB.

This Program of Care document will evolve based on ongoing clinical and program outcome measurements, and on the emergence of new evidence. The Program of Care will be evaluated by an independent third party several times following implementation to determine health professional, worker, and employer satisfaction, as well as health care outcomes and changes to practice patterns. The data collected in Program of Care forms will inform this evaluation.

The implementation of this care model is not intended to interfere with the rights and obligations of injured workers, employers, health professionals, or the WSIB.

Program Objectives

The objectives of the Program of Care for Noise Induced Hearing Loss are:

- Appropriate intervention and ongoing support for workers diagnosed with NIHL
- Clear and timely communication between the WSIB, injured workers, employers and health professionals to facilitate effective treatment and support, and safe return to work (RTW) when it is a factor
- Appropriate assessment to provide the basis for valid decisions within the NIHL POC
- Interaction among injured workers, health care providers and the WSIB that follows a well-defined process understood by all participants.

The Program of Care comprises the services related to the provision of a hearing aid during the first year of its use.

Admission Criteria

Injured workers with **an approved claim with the WSIB** for occupational Noise Induced Hearing Loss are eligible for the Program of Care.

Treatments specific to the management of tinnitus are not covered in this Program of Care.

Workers who have been excluded from the Program of Care should be referred for appropriate medical care.

Audiometric Assessment

The NIHL POC sets an expected standard for audiometric assessments conducted for WSIB workers.

The injured worker must not be exposed to noise (recreational and occupational) for a minimum of 12 hours before audiometry. Audiometric Assessment consists of:

- Manual puretone threshold audiometry conducted using equipment that is properly calibrated and meets all required American National Standards Institute (ANSI) standards
- Speech recognition scores, using at least a 25-word standard list with recorded materials, except where recorded materials are specifically precluded by worker limitations
- Audiograms in a standard format, as recommended by the American Speech-Language Hearing Association (ASHA)
- Measurements of most comfortable level (MCL), uncomfortable level (UCL) and real-ear to coupler difference (RECD), where clinically indicated for purposes of subsequent hearing aid prescription, for which these measurements are required
- Medical referral if required.

Components Of The Program Of Care

Treatment Plan

For each case a written treatment plan will be completed. The NIHL POC treatment plan will:

- Outline the requirements for technological and non-technological interventions for the worker:
  - technological interventions include the provision of a hearing aid (HA) or assistive listening device
  - non-technological interventions include case specific needs for orientation, education and counselling required. Some of these activities are included under the activities of dispensing and verification of the hearing aid, as outlined on page 6.
- Follow a standard format provided by the WSIB
- Be approved by the prescriber
- Include consultation with the employer when appropriate.

The prescriber or service provider should complete the **NIHL Assessment Summary & Treatment Plan Form** and submit it to the WSIB. A complete form requires the signature of the prescriber.

Outcome Measurement

The Program of Care uses the Client Oriented Scale of Improvement (COSI™)* as the outcome measurement tool. Use of the COSI has two primary functions:

1. Measure the improvement in quality of life of the worker resulting from the use of a hearing aid, and
2. Provide a source of worker satisfaction data linked to a provider that can be reviewed as part of the Program of Care evaluation.

*Australian Hearing is the holder of the copyright and trademark in the COSI Questionnaire.

Device Selection

Specifically, the process shall include but is not limited to, the following additional elements:

- An assessment of non-electroacoustic considerations, including monaural/binaural fitting, hearing aid style, controls, ability to operate the device, programmability and multi-channel requirements, telecoil and direct input options, etc.
- Complete specification of target frequency/gain, maximum output characteristics and initial required settings of the HA. These shall be based on an explicit, quantitative and documented rationale (e.g. DSL-I/O, NAL-R) that is appropriate for the individual worker and for the HA recommended.
- Complete specification of the HA manufacturer, make and model, including all special features such as number of channels, programmability, memories, specific non-linear gain characteristics, directionality, and all relevant earmold specifications.

These activities must be fully documented and reviewed with the worker and his/her family members (where appropriate). A written, detailed prescription will be provided to the worker and the WSIB, and kept by the provider(s) involved in the prescription and device selection process.

Hearing Aid Dispensing, Fitting and Verification

For the purposes of the Program of Care, the term "dispensing" refers to the process of procuring the prescribed HA, fitting it to the worker, verifying its performance electroacoustically and instructing the worker on proper use and care. Technical procedures are required to be in full compliance with all relevant ANSI specifications and, where applicable in the case of audiologists, the College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO) Preferred Practice Guidelines.* Specific, required elements are as follows:

- Ear impression(s)
- Pre-fitting examination of the hearing aid, including:
  - Initial programming
  - Determination of the HA's physical conformity to the prescription
  - Electroacoustic verification of HA performance
- Hearing aid fitting, including:
  - Evaluation of physical fit and comfort
  - Real-ear verification of prescriptive target achievement
  - Aided performance measures (recommended)
  - HA adjustment or return to manufacturer, as necessary. Communication MUST occur between the dispenser and prescriber if prescription changes are indicated
- Hearing aid orientation
- Instruction in the proper operation and care of the hearing aid
- Information on the trial period and follow-up appointments
- Initial counselling on realistic performance expectations
- Initial counselling on hearing aid use, listening and communication strategies
- Documentation management.

** The WSIB does not assume that non-audiologists will comply with the CASLPO Preferred Practice Guidelines as to do so might be misleading to the public. Further, the WSIB does not imply that by referring to the CASLPO Preferred Practice Guidelines that CASLPO endorses the adoption of the CASLPO Preferred Practice Guidelines by non-audiologists.*

Rehabilitative Needs Assessment

The purpose of the Rehabilitative Needs Assessment is to ensure that the worker's needs for non-technological supports are properly assessed for use in individualized program planning. The assessment may include:

- Perceived listening/communication limitations, needs and priorities
- Vocational/social hearing demands
- Formal documentation of high-priority situational needs using Client Oriented Scale of Improvement (COSI).™ To review or download COSI, go to www.nal.gov.au/nal_products%20front%20page.htm
- Relevant physical and cognitive functioning
- Communication support systems
- Personal adjustment to hearing loss
- Expectations of amplification and/or assistive technologies.

Trial Period Follow-up

The trial period follow-up covers the manufacturer's trial period for the Hearing Aid. There may be several contacts in this period, but there MUST be at least one, no later than 30 days after fitting the HA.

The Hearing Aid trial period follow-up may include:

- A structured review of the worker's use and experiences with the HA
- An informal assessment of functional performance, benefit and worker satisfaction
- A formal baseline assessment, using the COSI, of the worker's expected outcomes from using the HA
- Adjustments to the HA or earmold, as indicated. If any adjustment will deviate from the prescribed acoustical performance, the prescriber must be fully aware of and approve any such deviation
- A general review of potential barriers to using the HA, including emotional issues, social issues and educational issues
- Education, orientation and support for workers with a new hearing aid including expectation management, effective use of the hearing aid, assistance with communication strategies and personal adjustment issues
- A record, on file, of the decision to keep the HA.

The worker is an active partner in the client-centered NIHL POC. Accordingly, the onus is upon the worker to ensure that he/she attends all scheduled appointments for follow-up. The worker must contact the dispenser for a trial period extension if an initial follow-up appointment within 30 days is not feasible. It is also the worker's responsibility to identify problems with the device, but the provider/prescriber will assist this process by structured inquiry, for example, about HA use and care patterns, ease of manipulation, and performance in specific situations, etc.

It is understood that not all providers will be in a position to deliver all the required components of follow-up care. In Ontario, it is the HA prescriber who bears the primary responsibility for ensuring that a fitted HA complies with the prescription, and that it provides all the benefits that can reasonably be expected on clinical grounds.

The **NIHL Trial Period Follow-up Form** is to be completed by the provider, signed by BOTH the provider and the injured worker, and submitted to the WSIB.

Noise Induced Hearing Loss Rehabilitation (NIHLR) Follow-Up

This service will take place approximately 6 months after the initial HA fitting. It is expected that stable use patterns and adaptations to the HA will have developed. However, in some cases, appropriate use and care of the HA will not have occurred, and corrective action and follow-up will be required.

The key elements of the NIHLR follow-up are:

- A structured review of the worker's experiences with the HA
- A formal assessment of the client-specific prioritized listening/communication domains defined in the NIHLR assessment phases, using the COSI
- Adjustments to the HA, as indicated. If any adjustment will deviate from the prescribed performance, the prescriber must be aware of and approve any such deviation
- Problem-oriented counselling, based on the results of the outcomes measurement
- Assessment of need for supplementary assistive technology
- A general review of potential barriers to worker use of the hearing aid including emotional issues, social issues and educational issues:
  - Emotional issues may include the worker emotional reaction to hearing loss or related issues
  - Social issues may manifest as self-consciousness while wearing HA, or language barriers
  - Educational issues include lack of clarity in the use of HA.

Results of the NIHLR follow-up may indicate that a referral to an appropriate health provider is required to address key issues and potential barriers to the use of the hearing aid. Such referrals should be considered on a case-by-case basis.

At this visit, the provider completes the **NIHL Rehabilitation Follow-up Form** and submits it to the WSIB.

Periodic Assessment and Problem-driven Follow-up

When a worker has been provided with a new HA, it is recommended that the audiologic rehabilitative status of the worker be reviewed following one year with the new HA. This may include the following elements:

- Audiometric assessment in full compliance with CASLPO guidelines (where applicable) and ANSI standards
- Medical referral, if indicated clinically
- Otoscopy and cerumen management, if indicated
- Verification of current prescription and modification, if necessary
- Electroacoustic check (re-verification) of the HA
- Review of HA orientation, including expectations, use and care of the HA
- Evaluation of the success of the NIHLR program for the injured worker
- Assess barriers to use of the HA
- Cleaning, maintenance or repair of the HA.

Quality Assurance

To ensure that the NIHL POC is able to meet all goals and objectives, a quality assurance process is being implemented that includes:

- Evaluation of the outcomes of the NIHL POC
- Clear communication to injured workers that they may receive care in the NIHL POC from regulated health professionals (physicians, audiologists) and non-regulated professionals (hearing instrument specialists/practitioners) and that this is not a change in historical WSIB practice.

Communication Requirements

Timely and effective communication is an important element in the success of the NIHL POC. Communication includes written reports, telephone conversations and one-on-one discussion with workers.

The frequency of communication will vary from case to case, depending on the individual circumstances of the injured worker and the extent of progress. There are, however, some key communications and reporting that should occur at certain milestones. These are outlined in the table below.

Milestones	Provider/Prescriber	Worker
Following Audiometric Assessment	• Completes and submits the **NIHL Assessment Summary & Treatment Plan Form** to WSIB • Contacts the employer if worker is returning to work with a hearing aid, and informs the employer verbally or in writing of appropriate use of a hearing aid at work	
At end of 30 day trial period	• Completes the **NIHL Trial Period Follow-up Form** and submits to WSIB • Ensures worker reads the declaration and signs the form	• Inform the provider/prescriber if an extension to 30-day trial period is required • Read and sign the **Trial Period Follow-Up Form**
At 6 months following provision of hearing aid	• Completes and submits the **NIHL Rehabilitation Follow-up Form** to WSIB • Maintains chart notes	
When problems occur with hearing aid	• Clearly specify nature of the problem in chart notes	• Contact the provider/prescriber immediately
At any time where a worker has a regularly scheduled or problem-driven follow-up visit	• Contact the prescriber if a change in prescription is required	• Inform the provider/prescriber of any issues related to use of the hearing aid

During the Program of Care, communication may occur between any of the following:

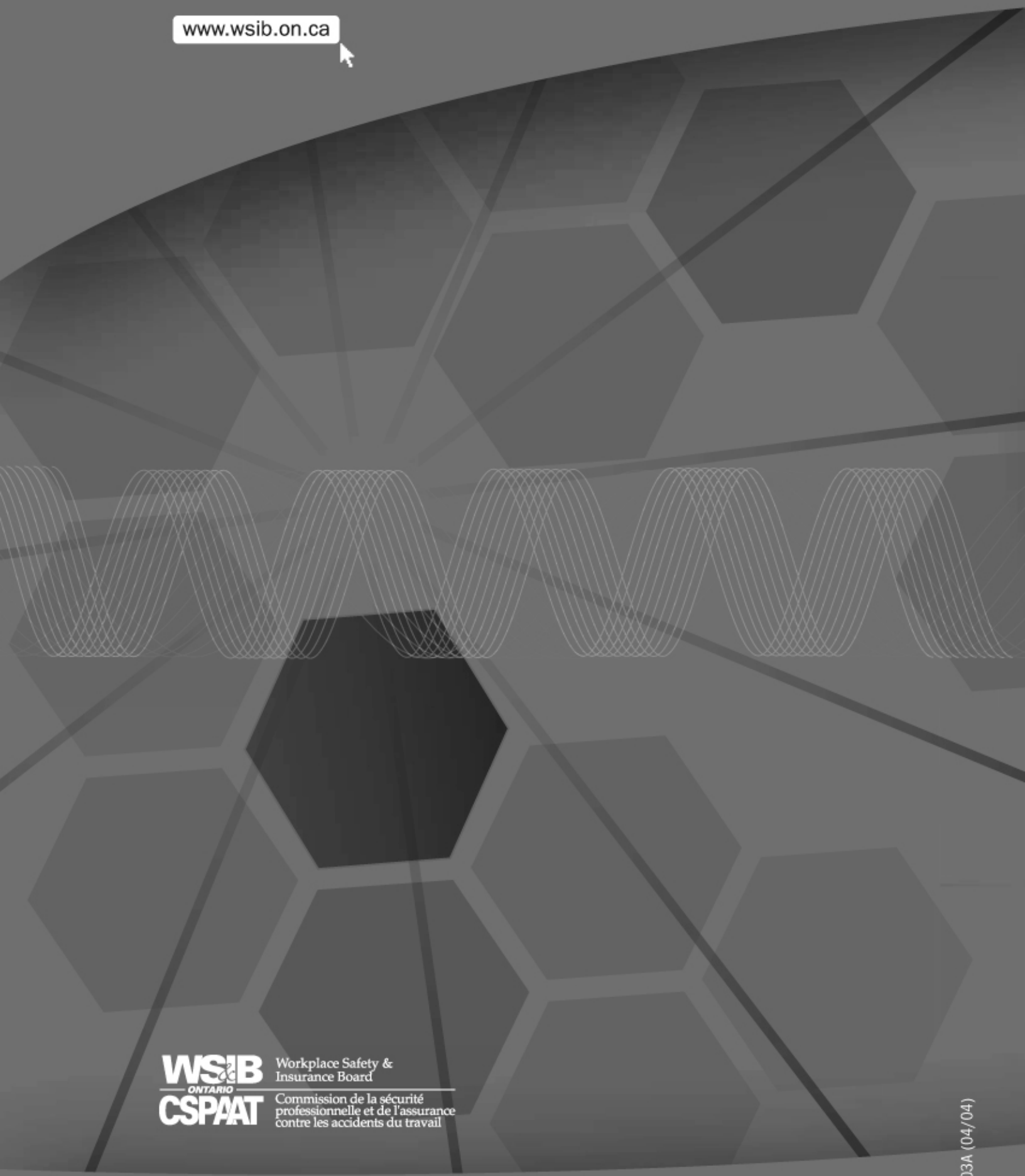
- Injured worker
- Employer
- WSIB service delivery team: NIHL Specialist and medical consultant
- Family and General Practitioner
- ENT Specialist
- Audiologist
- Hearing Instrument Practitioner or Hearing Instrument Specialist
- Other concurrent or future treatment providers.

Communication between the health professional and the employer is restricted to the exchange of the worker's functional abilities unless the worker's informed consent is obtained.

The *Workplace Safety and Insurance Act* gives the WSIB the authority to review any relevant report from a health professional, hospital or health facility, or to request a verbal report from such a person or facility without first obtaining the worker's informed consent.

It is often the case that a worker in the NIHL POC has retired. Where a worker will be returning to work with a hearing aid, providers should provide the employer with educational material describing proper use of hearing aids at work.

www.wsib.on.ca



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