Best Practices

Consultation Checklist

HearingUp

- ☐ Case History
- ☐ Otoscopy
- ☐ Auditory Assessment (must meet the requirement of state hearing aid dispensing laws)
  - ☐ Performed in an Acoustic environment that meets ANSI/ASA S3.1-1999 (R2018) standards
  - ○ Air & Bone Conduction
  - ○ Recorded Word Recognition Scores (WRS)
  - ○ Speech Reception Thresholds (SRT)
    - ☐ Or Speech Awareness Thresholds (SAT) (if necessary)
  - ○ UCL Testing
  - ○ MCL Testing (if required by state laws)
  - ○ Speech in Noise Testing (can also be completed at HAE or Fitting appointments)
- ☐ Review of Results
- ☐ Referral to Physician for Medical Clearance (if necessary)
  - ○ FDA Red Flags
    - ☐ Visible congenital or traumatic deformity of the ear
    - ☐ Active drainage from the ear in the past 90 days
    - ☐ Sudden hearing loss within the past 90 days
    - ☐ Reported acute or chronic dizziness
    - ☐ Unilateral hearing loss of sudden or recent onset within 90 days
    - ☐ Air-Bone gap greater than 15dB at 500Hz, 1 & 2 kHz
    - ☐ Reported Pain or Discomfort
    - ☐ Visible evidence of excessive cerumen or foreign body in the ear

I confirm that I have completed the above Best Practices.

Printed Name of Provider: _____

Signature of Provider: _____ Date: _____

Best Practices

Hearing Aid Evaluation

- ☐ Additional Diagnostic Testing
  - ○ Unaided Speech in Noise Testing (can be completed at Consultation or Fitting as well)
  - ○ Binaural Word Recognition Testing (if binaural WRS would provide value)
- ☐ Style Discussion
  - ○ RIC
  - ○ BTE
  - ○ Custom (ITE, ITC, CIC, IIC)
  - ○ Lyric (if appropriate)
  - ○ Earlens (if appropriate)
  - ○ Bone Anchored (if appropriate)
  - ○ Bone Bridge (if appropriate)
  - ○ CROS, BiCROS, AmpCROS (if appropriate)
  - ○ Cochlear Implant (if necessary)
- ☐ Self-Perception of Hearing Loss Needs & Goals of Treatment (can be performed at HA fitting)
  - ☐ At least one of the following
    - ☐ COSI, HHIE, APHAB, COAT, IOI-HA, Etc.
- ☐ Feature Discussion
  - ○ Volume Control
  - ○ On/Off Switch
  - ○ Rechargeability
  - ○ Telecoil & Looping
  - ○ Bluetooth
    - ☐ Phone compatibility
    - ☐ App
  - ○ FM or Remote Microphone Availability
  - ○ Other Accessories
    - ☐ TV Streamer
    - ☐ Captioned Telephone
    - ☐ Etc
- ☐ Technology Levels
  - ☐ Which Level & Why
- ☐ Domes vs. Earmolds
- ☐ Non-Auditory Assessment (if concerns are identified)
  - ○ Cognitive
  - ○ Vision
  - ○ Dexterity
- ☐ Recommendation of the Appropriate Hearing Aid for Patient
- ☐ Discussion of Fitting and Follow-up Timeline

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Signature of Provider: _____ Date: _____

Best Practices

Hearing Aid Fitting Checklist

HearingUp

Pre-Fitting (Quality Control)

- ☐ Electro Acoustic Analysis (EAAs) – Test Box measures
- ☐ Listening Check
- ☐ Directional Microphone Verification (if device has 2 microphones)

Hearing Aid Fitting

- ☐ Physical Fit of Domes/Earmolds and Hearing Aid Devices
  - ☐ Comfort
  - ☐ Retention
  - ☐ Orientation of Device on/in ear
- ☐ Venting Assessment
  - ☐ Feedback Manager
  - ○ Dome/Earmold Considered Appropriate
- ☐ Verification (Real Ear Measurement/Speech Mapping)
  - ○ Using Validated Prescriptive Target
    - ☐ NAL-NL2
    - ☐ DSL i/o
  - ○ Calibrated Signal (not live voice)
    - ☐ Average 65 dB SPL
    - ☐ Loud 80 dB SPL
    - ☐ Soft 50 dB SPL
  - ○ Counseling of Results to Patient
- ☐ Pre-Subjective Outcome Assessment
  - ☐ COSI, APHAB, HHIE, COAT, IOI-HA, etc.

Orientation (a portion of these items can be covered in future fitting follow-up visits)

- ☐ Insertion & Removal
  - ○ Patient Practice
  - ○ Hardware Counseling
  - ○ Patient Controls
  - ○ Battery insertion/removal
  - ○ Hearing Aid Charging
  - ○ Connectivity (apps/phone)
  - ○ Accessories
- ☐ Expectation Counseling
- ☐ Counseling on Adaptation Period
- ☐ Warranty Review
- ☐ Loss & Damage Review

Follow-up Scheduling

- ☐ Two (2) pre-scheduled Follow-up sessions

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Best Practices

Two (2) Fitting Follow-up Checklist

HearingUp

Post-fit testing

- ☐ Aided Speech in Noise Testing (if not performed already)

Review

- ☐ Patient perceptions over first several weeks
- ☐ Physical & Auditory Comfort?
- ☐ Datalogging Review
  - ☐ Wear time
- ☐ Programming Adjustments (if necessary)

Care & Maintenance

- ☐ Cleaning of devices
- ☐ Dehydration of devices

Feature Usage (as necessary)

- ☐ Volume Adjustment
- ☐ Programs
- ☐ App Usage
- ☐ Bluetooth
- ☐ Accessory

Subjective Outcome Assessment (At least one (1) of the following)

- ☐ COSI, APHAB, HHIE, COAT, IOI-HA, etc.

User Settings Documentation

- ☐ 2cc Coupler reference test at User Settings
  - ○ Used for future verification purposes

Review

- ☐ Warranty/Loss & Damage Review
- ☐ Communication Strategies
- ☐ Support Group Availability
- ☐ Auditory Training Resources
  - ○ LaceListening.com
  - ○ ClearWorks4Ears.com
  - ○ Etc.

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Signature of Provider: _____ Date: _____

Best Practices

Long-Term Follow-up Checklist

HearingUp

Performance Review (every 6 months)

- ☐ Datalogging Review & Reset
- ☐ Review of Patient's Perceived Performance
- ☐ Detailed Maintenance of Devices

Annually (in addition to performance review)

- ☐ Hearing Evaluation
  - ☐ Threshold check if no reported changes
  - ☐ Comprehensive Hearing Evaluation if changes to hearing reported
- ☐ Annual Hearing Aid EAAs

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Printed Name of Provider: _____

Signature of Provider: _____ Date: _____