

### **Off-site Radio Aid Fitting Protocol**

Normally, initial fitting of Radio Aid systems would be carried out at the Implant Centre in accordance with Quality Standard 4 for the following reasons:-

- Non-clinical situation would result in varying environments.
- Current equipment does not allow for speech in noise testing - the best form of Radio Aid validation currently available.
- Higher likelihood of fitting being performed by one person.
- Greater likelihood of variation in practice.
- Deviation from NDCS guidelines.
- Variations in processor setup cannot be accommodated off-site. In this situation balance curves would not be obtained, resulting in a wasted journey.
- Verification testing difficult to set up, and not comparable to clinic results.
- Data could not be used for research purposes
- Parental and local ToD involvement resulting in better liaison (ref QS12).
- Dissemination of written guidelines on settings/checking/policy can be done at the same time

#### **Exceptions for off-site fitting.**

It would however, be unwise to adhere rigidly to a CI centre only fitting policy as some families and children could be significantly disadvantaged if for example they live some distance from the centre, and their routine appointment is still some time off. For example, children may be due to start school and a clinic appointment may not be imminent.

Other reasons might include:

- A device change, particularly for children who are good reporters.
- Some children might not be able to perform the McCormick toy test, attending clinic therefore would not be a good use of time.
- Some children are inclined to be less co-operative in clinic but more so in the school setting.
- Local services anxious to fit before new term begins.

#### **Minimum Standards for Exceptions**

Some of the objections listed above could be met by adhering to an agreed code of practice which might include ensuring that:-

- The processor has been set up appropriately, specifically mixing ratio. (Factory default is 3:1 and is often not changed until needed), also that sensitivity is set up appropriately.
- Fitting is verified by a live voice test in the classroom situation.
- Fitting is verified in noise whenever possible.
- Verification is confirmed in clinic as soon as possible after an off-site fitting.
- Work is undertaken with a second colleague whenever possible.
- An additional processor is taken to the fitting for trouble-shooting purposes.
- Parents and LToD always informed and involved if possible.
- Information re settings always left with the local professionals.