

Appendix 1 The Clinical Guideline Aftercare of Cochlear Implant

1. Aim

To support early discharge of patients following the surgical insertion of Cochlear Implants where they would otherwise need to remain in hospital.

A cochlear implant is an implantable hearing device, which helps to rehabilitate people with moderate to profound sensorineural hearing loss. It directly stimulates the cochlear nerve of the inner ear, bypassing the damaged sense organ of hearing in the cochlea.

This is a guideline to support clinical decision-making and should never replace clinical judgement. The context is important and needs to be taken into account. The green/amber/red criteria in particular will be more or less relevant depending on the patient wishes, treatment goals and the setting for care.

2. Key Principles

Patients should be assessed prior to the procedure by the referrers in the Preadmission clinic for suitability for discharge after the procedure. This enables planning to occur including home safety assessment, service planning to ensure services are available immediately following discharge, and patient and carer education.

3. Scope of Document/Responsibilities

This document applies to all staff of the Virtual Care Centre (VCC) including medical staff, care coordinators, and the service delivery providers and their relevant clinical staff.

The Medical Director [My Home Hospital (MyHH)] will have responsibility for maintaining the currency of the clinical guideline.

4. Responsibilities

The admitting Medical Officer and Care Coordinators of the VCC will be the central intake and communication point for all patients admitted into the MyHH Service. This includes liaison with patients and their families, referrers and service providers, scheduling of investigations and ensuring the completeness of the patient medical record.

All patients admitted to MyHH will have a designated medical practitioner overseeing their episode of care.

Referrals will be received and processed as per the Referrals and Triage process.

Once a referral has been assessed as 'eligible' and 'suitable' for MyHH, the patient is admitted as per the MyHH Admissions process.

Following admission, the Care Coordinator will create an initial care plan by populating the care plan template and document service requirements. This will include activities common across all patients such as a home safety check and medication reconciliation, as well as condition specific activities.

The Care Coordinator will generate service requests to support implementation of the required care.

5. Admission Criteria

Patients must be medically stable with no evidence of infection, bleeding or other complications.

Patients must be able to mobilise safely, including with the use of mobility aids if they are required.

Patients and carers must be agreeable to early discharge, with agreed pathways to return to hospital if required.

The following criteria will be used to ensure patient selection is within the scope of MyHH. The criteria are a guide only, and clinical judgement is needed to weigh up relative risks and benefits of in home care provision.

Green: *accept referral and admit into the service*

1. Able to mobilise safely;
2. Patient's medical condition has been assessed as stable;
3. Patient is afebrile;
4. Patient is not hypotensive (Systolic Blood Pressure (SBP) >100mmHg, Diastolic Blood Pressure (DBP) >60mmHg);
5. Patient is not tachycardic (Heart Rate < 100 beats per minute);
6. Pain is able to be managed with simple analgesia
7. Tolerating diet and oral fluids
8. Home environment is safe with family/carer support to stay with the patient in the first 24 hour period.

Amber: *review of individual referral on a case-by-case basis and admit with caution*

1. Low grade fever under 38.5
2. Hypotension - systolic BP<100mmHg, diastolic BP<60mmHg;
3. Tachycardia (Heart rate >100 beats per minute);
4. Pain is able to be managed with oral analgesia
5. Complicating social or behavioural factors;
6. Age over 80
7. High falls risk – based on falls assessment at admission

Red: *patient may be out of scope for MyHH, requires Medical Director approval*

- Lives alone with no support
- Signs of sepsis or haemodynamic compromise
- Delirium
- Significantly immunocompromised
- Poorly controlled diabetes

6. Initial Management

- Ensure the patient has transport home
- Ensure the patient has a nominated responsible adult to stay with them for first 24 hours post procedure and anaesthetic
- Modified Stenvers view xray to check implant position to be booked for Day 1 with Jones and Partners
- Dispatch remote monitoring equipment and establish frequency of monitoring
- Confirm the pain management plan and provide consumer education regarding pain management
- Admission visit to screen for Falls Risk
- Assess for nausea and dizziness symptoms and develop management plan and provide consumer education regarding management options
- Referral to Physiotherapy for review and assessment for mobility aids if Falls Risk and balance are an issue.

7. Ongoing Management

- Monitor temperature, blood pressure and heart rate via biomedical devices 4 times daily for 24 hours
- Monitor mastoid wound dressing and remove dressing after 24 hours
- Daily nurse visit with first visit on day of discharge to review home safety, mobility and balance issues, pain management, bowel function, and screen for complications including infection, DVT, and PE.
- Medical review daily plus escalations
- Modified Stenvers view xray to check implant position to be done Day 1 with nearest Jones and Partners. Transport to radiology appointment to be organised as required.
- Once xray done and reported ENT surgical team to be notified to check correct implant position.
- Ensure patient is voiding, eating and drinking

- **Post-Procedure pain management:**
First Line (Unless contraindicated)
 - Paracetamol 1 g oral QID prn
 - Ibuprofen 400 mg QID prn
 Second Line (Unless contraindicated)
 - Tramadol 50-100 mg 4-6 hourly prn
 - Endone 5 mg 4-6 hourly prn
- If severe pain ensure that patient has used the maximum oral analgesia and then seek advice from referring medical team.

Triggers for review of therapeutic approach and / or consideration of hospital transfer include:

- Uncontrolled pain
- Hypotension, tachycardia or high fever
- Fall with injury

In Hours contact ENT Surgical Registrar.

After Hours contact on call ENT Surgical Registrar to organise admission through Direct Surgical Admission Pathway (ESP).

If in doubt early consultation and review is always appropriate. Any concern from the patient, carer or clinician should result in a review of clinical condition and management approach.

8. Discharge

All patients will have an indicative date of discharge identified at the time of admission. The decision to discharge a patient rests with the admitting doctor and should occur as soon as clinically appropriate.

Considerations for discharge include:

- Clinically stable; Physiological observations within normal limits
- Pain score 0–3/10 with oral analgesia
- Wound – nil to minimal bleeding
- Able to self-care +/- supports;
- Mobilising at preadmission level
- Tolerating usual diet and fluids
- Ensure Scheduled follow up has been booked for 1 week in ENT clinic
- Consider requirement for referral and support services for post- acute discharge care.
- Patient provided with instructions on how to contact ENT medical staff if any concerns

9. Related Documents

- Referrals and Triage procedure
- Admission procedure
- Care Planning and Service Delivery procedure
- Discharge Planning procedure

10. Evidence summary

Southern Adelaide Local Health Network - Cochlear implant surgical management Protocol 12/08/2019.

Appendix 2 MHH SAPOM cochlear implant MHH pathway

SAPOM ENT Cochlear Implant MHH pathway – SALHN

Triage of suitable Cochlear implant patients

- **ENT Booking Officer** – tentative schedule of surgery date and notifies Elective Surgery Nurse (ESN)
- **ESN**
 - Contact patient ensure suitable/agreeable for MHH pathway
 - Send patient details to ENT consultant for medical screening for MHH pathway
- Criteria for patient selection as per **SALHN Day Surgery Patient Selection and Management** - <https://intra.sahs.sa.gov.au/public/download.jsp?id=36866>
 - Low risk Anaesthetic – No OSA / BMI < 35/ No chronic pain disorder
 - Medical History – Age >18 / No bleeding disorders
 - Social – safe suitable home environment

Scheduling / Booking Process

- **ENT Booking Officer/ Admissions Office** - Contact patient and confirms
 - Date of Surgery - generally booked 2 weeks prior
 - Date of Multi-Disciplinary Pre-Admission Clinic (PAC) appointment – add “MHH” in comments
 - Includes MHH patient information Brochure with general patient information sent
- **ESN** - email to MHH - patient details/ RFA -PHQ / surgery/preadmission dates / relevant information
- **SALHN MHH liaison officer** - contact patient as per MHH process
- **ESN** – completes MHH Referral Form and places in admission package

Pre-Admission Clinic

PAC per Cochlear implant surgical management Clinical Protocol

- Multi-Disciplinary PAC / Medication plan – to be attached to MHH referral on day of surgery
- Ensure relative/ NOK able to transport patient home after discharged from PACU 2
- Usual PAC process/ assessment for day surgery patients

DOSA

Per SALHN Cochlear implant surgical management Clinical Protocol <https://intra.sahs.sa.gov.au/public/download.jsp?id=59709>

- Reinforce MHH pathway during pre-visit call and ensure no circumstances have changed to prevent this
- Preparation as per Day Surgery admission process
- Follow up OPD – To be made by DOSA clerk on discharge (Note post op xray to be arranged by MHH)

PACU 2

Per Cochlear implant surgical management Clinical Protocol <https://intra.sahs.sa.gov.au/public/download.jsp?id=59709>

- PACU 2 Discharge – EMR PACU discharge document - day surgery
- PACU 2 Discharge Criteria – as per **SAPOM Criteria Led Discharge** <https://intra.sahs.sa.gov.au/public/download.jsp?id=34395>
 - Ensure Pain relief / Anti-nausea medication up to date prior to discharge
 - Paracetamol/Ibuprofen +/- opioids (Endone or tramadol or Tapentadol)
- **DOSA nursing staff** complete MHH Referral form and email to referrals@myhomehospital.com.au
 - *With attachments – PAC med plan, Interhospital transfer summary, Operation report – post op orders, Discharge summary if completed*
- *Assessed and discharged by ENT Registrar involved with surgery. Hand over to MHH Medical Officer ph. 1800 111 644 (if no discharge summary completed)*
- *MHH to send package/ equipment to patient's overnight address*

Transport arrangements

- PACU 2 To contact pre-arranged transport to collect patient for discharge home

SALHN Cochlear MHH 12 08 22

Appendix 3 Satisfaction survey



**FLINDERS
MEDICAL
CENTRE**

FMC MyHomeHospital Patient Satisfaction Questionnaire

Flinders Medical Centre is committed to continually improving our services. The combined effect of a number of patients waiting for elective ear surgery and the pressure on hospital beds resulted in an increased wait time for these surgical procedures. From late 2022 onwards, My Home Hospital (MHH) was launched to expedite care of patients by facilitating early discharge from the hospital on the day of the surgery and allow patients to recover in the familiar environment of their own home, under the remote supervision of the MHH staff.

In this manner, we have performed ear surgery for several patients who may have otherwise remained on the waiting list well into 2023. We are keen to receive feedback from our patients to ensure that this novel bed management plan has met its goal of providing high standard of postoperative care while helping the hospital manage its bed occupancy targets.

We invite you to fill out this feedback questionnaire.

Date of surgery: _____ (month) 2022/2023

Procedure: _____

Did you encounter any specific problem on the night of the surgery? Please circle your response:

- Dressing slippage • Ooze from the wound • Poor pain control
- Nausea/vomiting • Difficulty in walking to the toilet due to imbalance

	Very dissatisfied	Dissatisfied	Neither	Satisfied	Very Satisfied
How satisfied were you with the instructions provided regarding the postoperative care and follow up at the time of discharge?	1	2	3	4	5
Did the MHH staff visit you at your residence after the surgery? Yes/No					
How satisfied were you with the MHH staff visit?	1	2	3	4	5
Did you feel supported in managing your postoperative medication (antibiotic/pain relief) by the MHH staff?	1	2	3	4	5
Did you feel safe in your own home recovering after your general anaesthetic and surgical procedure?	1	2	3	4	5
How was your experience with discharge from the hospital on the same day as your surgery?	1	2	3	4	5
How satisfied were you with your experience with the FMC ENT team?	1	2	3	4	5
How satisfied were you with your experience with the MHH team?	1	2	3	4	5

Thank you. Your feedback is valuable to us