

# Upgrade to Recipient (U2R): the best thing since sliced bread?



Louise Craddock & Alison Riley, Midlands Hearing Implant Programme (Adult Service)

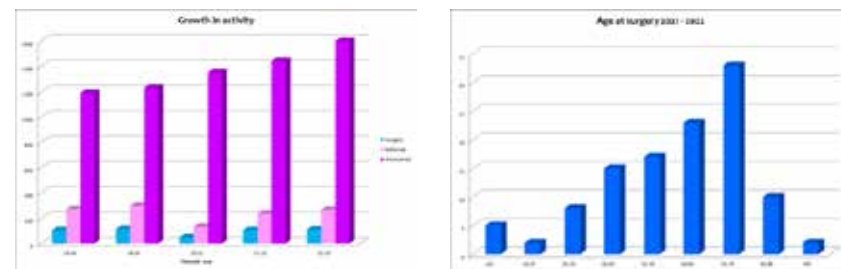
## The BCIG Quality standards 2023

"Sound processors should be upgraded on average every five years if newer technology is available and it has potential to deliver improved functionality and/or hearing performance; or if the patient's existing processor(s) have become increasingly unreliable due to wear and tear; or if the patient's current processor type is no longer supported by the manufacturer."



## The Midlands Hearing Implant Programme

The Midlands Hearing Implant Programme (Adult service) was established in 1990 and together with the Children's service at Birmingham Women's and Children's Hospital, is one of the largest implant programmes in the UK. We are a multidisciplinary Team at University Hospitals Birmingham NHS Foundation Trust. We see patients from age 16 and have no upper age limit however our modal age group at implantation are the 70 year olds.



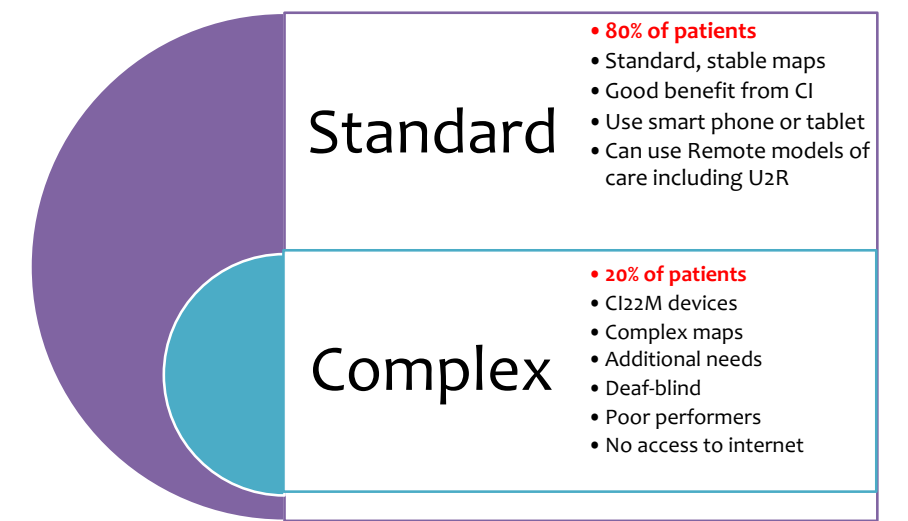
## Staff vs patient ratios

For 1600 patients we have:

- 5 Consultant Otolologists
- 1 Specialist Nurse
- CI Audiology: 3:1 WTE
- CI Rehab: 1.5 WTE
- CI Admin: 2.0 WTE
- CI ATO: 0.5 WTE (vacant post)

Patients are never discharged from the CI programme so numbers increase exponentially year on year. Staffing has not increased materially for many years, leading to the establishment of two care pathways so clinician time is used most effectively.

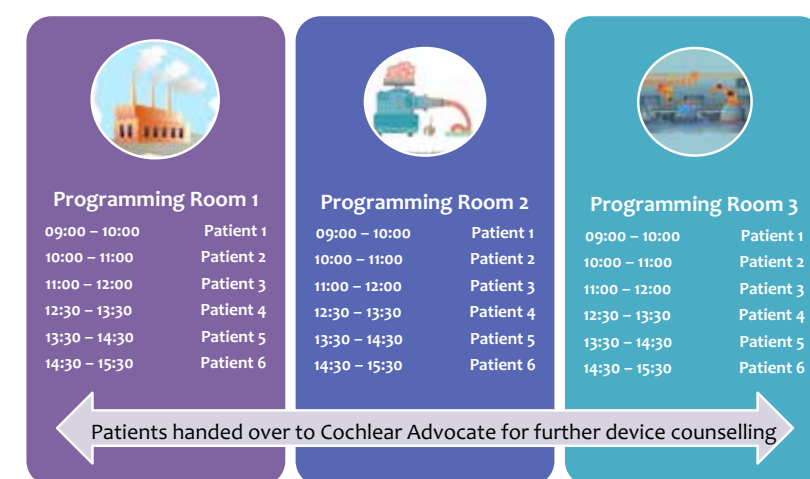
## Two care pathways



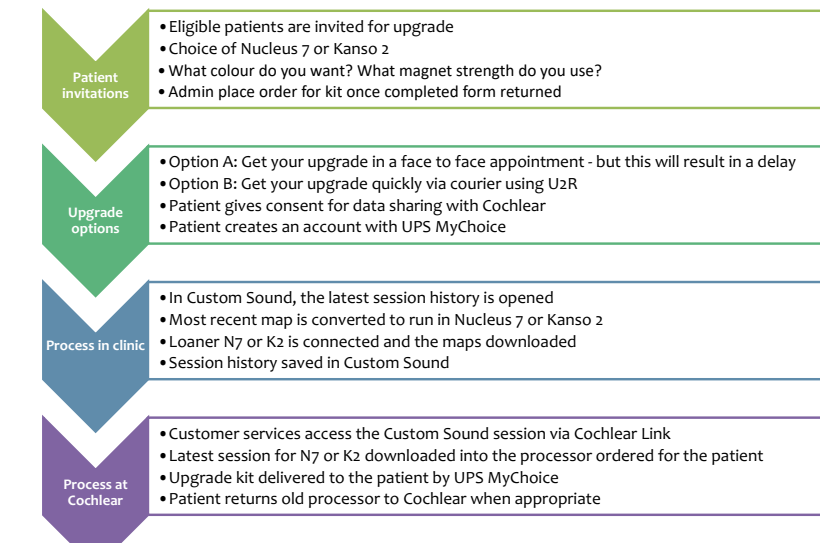
## Annual clinical impact before U2R on...

<b>Patients</b>	<ul style="list-style-type: none"> <li>1600 patients maintained</li> <li>300 patients per year for upgrade</li> <li>300 additional visits to clinic for patients</li> </ul>
<b>Admin</b>	<ul style="list-style-type: none"> <li>300 kits ordered in bulk, throughout the year</li> <li>100 kits shipped at a time</li> <li>100 kits registered to stock and stored</li> <li>100 kits allocated to patients</li> </ul>
<b>Capacity</b>	<ul style="list-style-type: none"> <li>300 clinical hours to perform face to face upgrades</li> <li>Clinic rooms blocked for other appointments e.g. assessments, switch-ons etc.</li> <li>Lack of clinical capacity to see new patients</li> </ul>

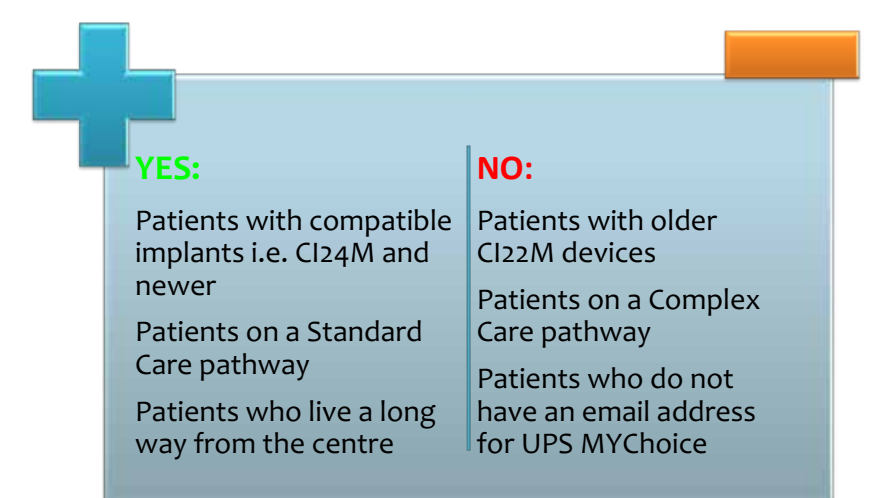
## Upgrades blocked clinics before U2R



## How does U2R work?



## Is U2R suitable for everyone?



## Invitation letter for patients: do you want a ..

### Nucleus 7?

What colour do you want?

What magnet strength do you use?

Do you want your upgrade now via UPS delivery?

Do you want your upgrade at a later date in a face to face appointment?

### Kanso 2?

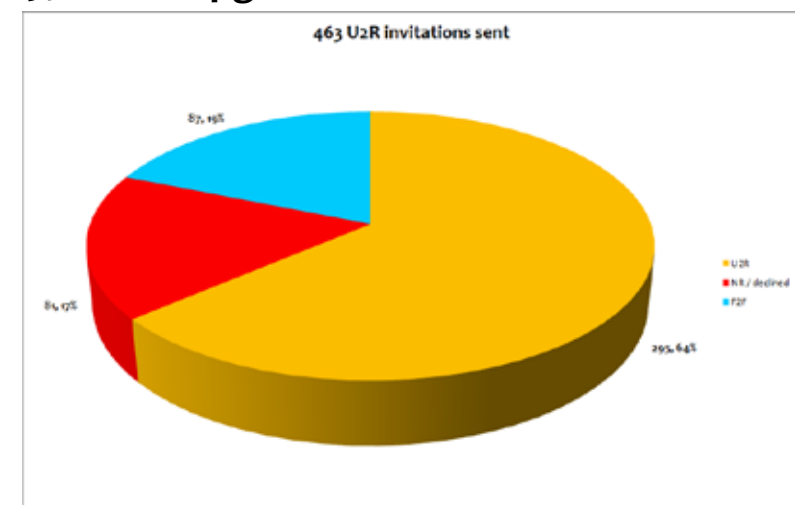
What colour do you want?

What magnet strength do you use? (If it is A or higher CHOOSE NY INSTEAD)

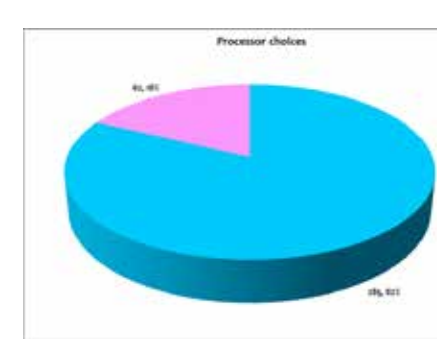
Do you want your upgrade now via UPS delivery?

Do you want your upgrade at a later date in a face to face appointment?

## 463 patients sent U2R invitation. 295 chose upgrade via U2R



## Choice of BTE vs Off-ear



The majority of patients eligible for upgrade already used a BTE processor (System 6 CP910) and there was a tendency for patients to select the wearing style they were already used to. This meant that over 80% of patients chose the BTE System 7 processor rather than the off-ear Kanso 2 processor.

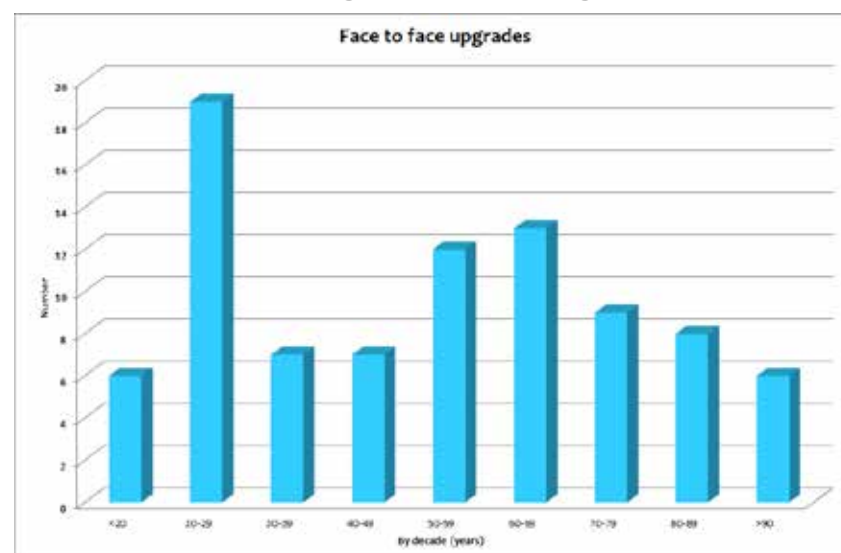
## Instructions for patients for U2R

- Complete the invitation form to select your upgrade
- Create a UPS MYChoice account via the link
- Cochlear will email you when your kit is ready for delivery
- You can track and then sign for the delivery
- Charge up your batteries
- Start using your new processor!

## Face to face upgrades

A small minority of patients (19%) wanted to receive their upgrade in a face to face appointment even though that meant a delay to upgrade. Contrary to prior expectations, this was more common in the younger age group and our more elderly patients managed the process without difficulty. However it was noted that 15% of those requesting face to face appointments were BSL users.

## Face to Face upgrades by age



## Face to Face upgrades

87/463 (18.8%) patients declined U2R and chose to have a face to face upgrade

Age range: 17.3 – 96.87 years

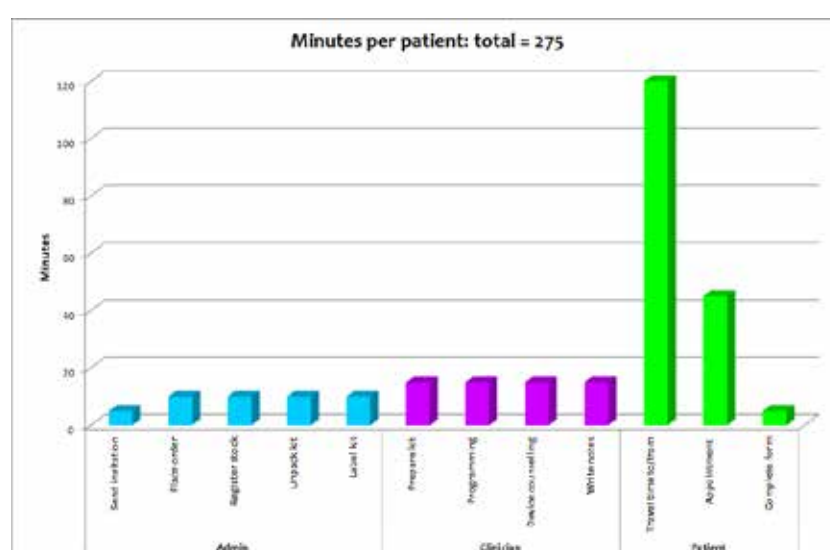
Average age = 52.59 which is 10 years younger than the average of our CI patient population

The modal age group for F2F appointments were the twenty year olds - not the older patients!

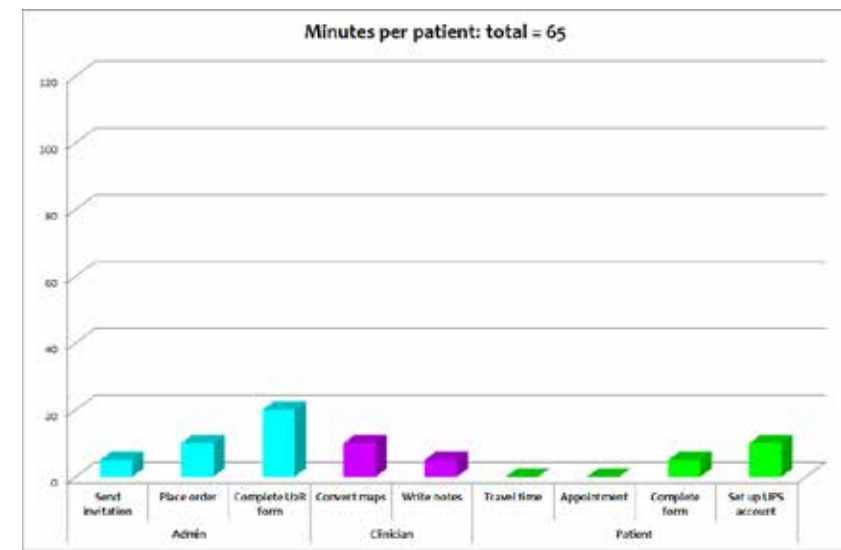
## Time required for U2R vs F2F upgrades

Typical times were analysed for face to face appointment vs U2R upgrades. Travel time for patients was based on a one hour car journey each way to / from the department. For a one hour face to face upgrade it was assumed that the patient would be required in clinic for 45 minutes, leaving the clinician 15 minutes to write up notes etc.

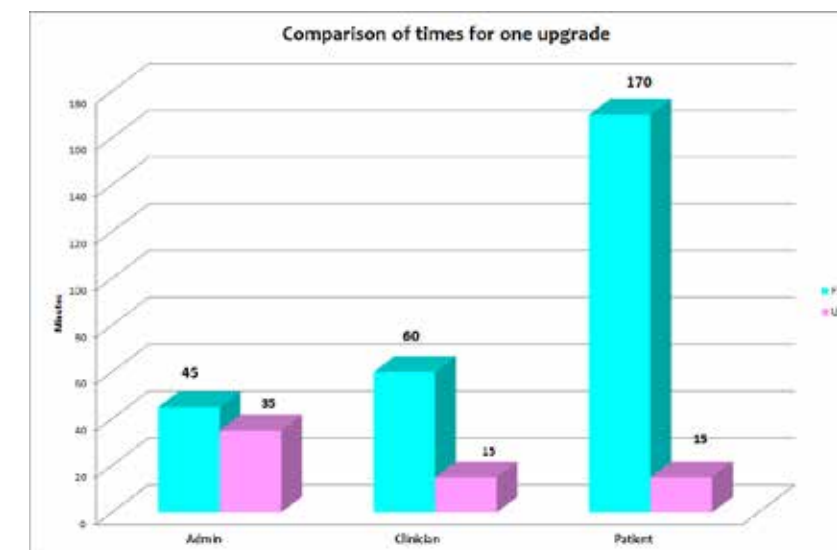
## Time required for a face to face upgrade



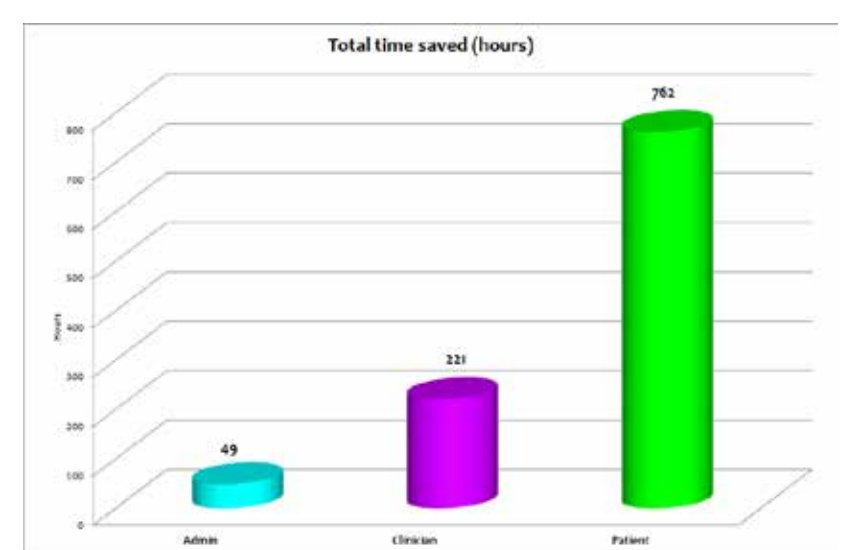
## Time required for a U2R upgrade



## Does U2R save time?



## Total time saved for 295 U2R upgrades

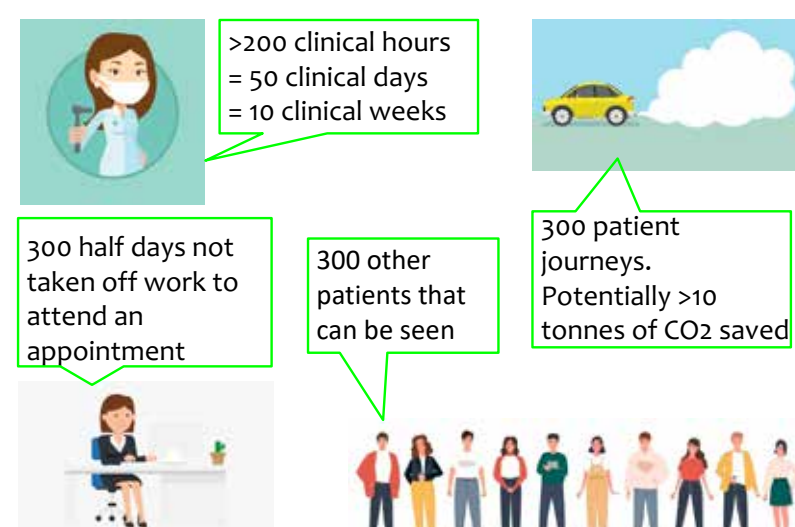


## Does U2R save time?

U2R is:

- 22% more time efficient for Admin
- 75% more time efficient for clinicians
- 91% more time efficient for patients

## What are the benefits of U2R?



## Conclusions: U2R....

- ...is more time efficient than a face-to-face upgrade appointment for **all** involved
- ...frees up clinicians to see other patients
- ...frees up clinic rooms for other appointments
- ...reduces the amount of Admin required
- ...eliminates necessity for travel for patients
- ...eliminates the need for patients to take time away from the family or off work
- ...is accessible for elderly patients too

# U2R is the best thing since sliced bread – and it has saved our bacon!

