Appendix M

These guidelines are provided for the transfer of patients from one program to another. The purpose of these guidelines is to ensure good practice and best patient care. Consideration of logistical needs of each programme should be considered in consultation with each other. It is recommended that patients are managed exclusively by one programme and not shared between programmes unless under exceptional circumstances. If another programme sees a patient the primary team should be informed and provided with documentation relating to the management provided.

A. **SACIG GUIDELINES FOR THE TRANSFER OF A PATIENT TO ANOTHER PROGRAM**

When a patient is transferred to another program:

1. Contact should first be made between the referring audiologist and the receiving audiologist.
2. The patient will have the option to return to the referring audiologist at any time.
3. The patient should only be referred by the program where the patient was implanted after the SIX MONTHS follow-up visit in the case of children, and after the THREE MONTHS follow-up visit in the case of adults.
4. If a patient chooses to be implanted at a particular programme, the programme where the patient is to be implanted should ensure that the programme to which the patient will be transferred is able to accommodate this patient at the appropriate time interval. If the receiving programme is not able to accommodate the patient, they should be prepared to continue mapping and reviews in the centre where they were implanted or at another programme.
5. If the patient chooses to move to another team for mapping the audiologists of the two teams should communicate to ensure best patient care.

REFERRING AUDIOLOGIST

- Ensure that the program to which the patient is referred has the appropriate device compatibility.
- Provide the following information in a written report:

1. Full case history:

   1.1 Audiological background including etiology, onset of loss, duration of loss, hearing aid fitting information, tinnitus, vertigo etc.

   1.2 Medical history

   1.3 Psycho-social background (previous and current)

   1.4 Educational background (in case of children details on educational needs and status)

   1.5 Developmental history (in case of children)

   1.6 Communication development (in case of children, results of last assessment)

2. Surgery:
   Date of implantation, ear, type of device, type of electrode, serial number, surgical outcome and complications.
3. MAPping:
   3.1 Date of initial programming, type of speech processor, serial number, (processors owned).
   3.2 Copy of first and last MAP as well as MAPping history.
   3.3 Information regarding MAP management in case of complications
4. Audiological test results:
   4.1 Pre-operative aided and unaided thresholds and speech perception results (each ear)
   4.2 Most recent post-operative speech perception results
   4.3 Most recent post-operative free-field thresholds

RECEIVING AUDIOLOGIST

1. The receiving audiologist should send results (MAPping and speech perception tests) to the referring audiologist at the time of the first assessment in the new program.
2. The referring audiologist should be informed if the patient cannot be contacted or does not attend appointments.

B. **SACIG GUIDELINES FOR THE MANAGEMENT OF PATIENTS BY MEMBERS OF MORE THAN ONE TEAM**.

1. For various reasons it can occur that patients who have the CI surgery with one team need to be followed-up at another program.
2. The main consideration should be best patient care. It is essential that patients are counselled regarding the possible length of habilitation and the need for ongoing MAPping. In most cases the patient will receive the best care when managed by one team, but for those cases where this is difficult the following is recommended:
   2.1. The members of both teams involved should agree that the patient is a good candidate.
   2.2. Prior to receiving a surgery date, the patient should have met all team members who will be involved in the case. The patient should be committed to protocols as agreed by each programme.
   2.3. The members concerned must agree on regular communication prior to the operation. This is particularly important between therapists and audiologists during habilitation.
   2.3. The surgery date must be suitable to both teams in terms of initial programming and habilitation.

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