

Defining patient-centred outcomes to measure success in the Hearing Service Program with clients and professionals

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The Problem

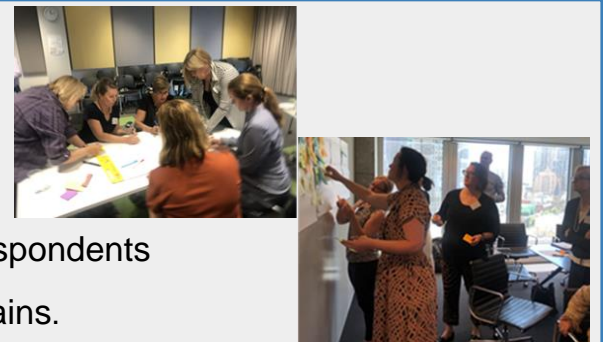
- No national guidelines on what outcomes should be used, why, how and when in Australian hearing healthcare
- Some service providers use client-based outcome measures, most use outputs-based metrics (i.e. HA sales)

The solution

- To gain consensus on the what?, why?, how? and when? for outcome measures in the Hearing Service Program
 - develop recommendations to Dept of Health on client-focussed outcomes to measure success in the HSP

What we did

- Simultaneous three-round online Delphi reviews were conducted:
 - Consumers of hearing care (n = 64)
 - Professionals in hearing rehabilitation (n = 50)
- Consensus for importance of outcome domains was defined as 80% by respondents
 - a consensus workshop of key stakeholders ranked the four top-rated domains.



What was important to:

Clients

I can communicate well with my family	100%
I can communicate effectively with people	98%
I am able to do the things that I want to do	95%
I hear clearly with my hearing aids	95%
I can live my life independently	90%

Professionals

Improved communication ability	100%
Improved personal relationships	100%
Improved communication in group	97%
Improved self-management ability	87%
Improved well-being	87%

Recommendations to the Department of Health:

1. Target the outcome domain 'communication ability'.
2. Target the outcome domain 'well-being'.
3. Target the outcome domain 'personal relationships'.
4. Target the outcome domain 'reduction in social participation'.
5. Measure outcomes at baseline and no earlier than 3 months following rehabilitation.
6. Establish an independent body to develop a standardised mechanism to collect outcomes.
7. Conduct stakeholder engagement processes to reach consensus on other groups under CSO (e.g. Aboriginal Torre Strait Islanders, children, adults with complex needs).