

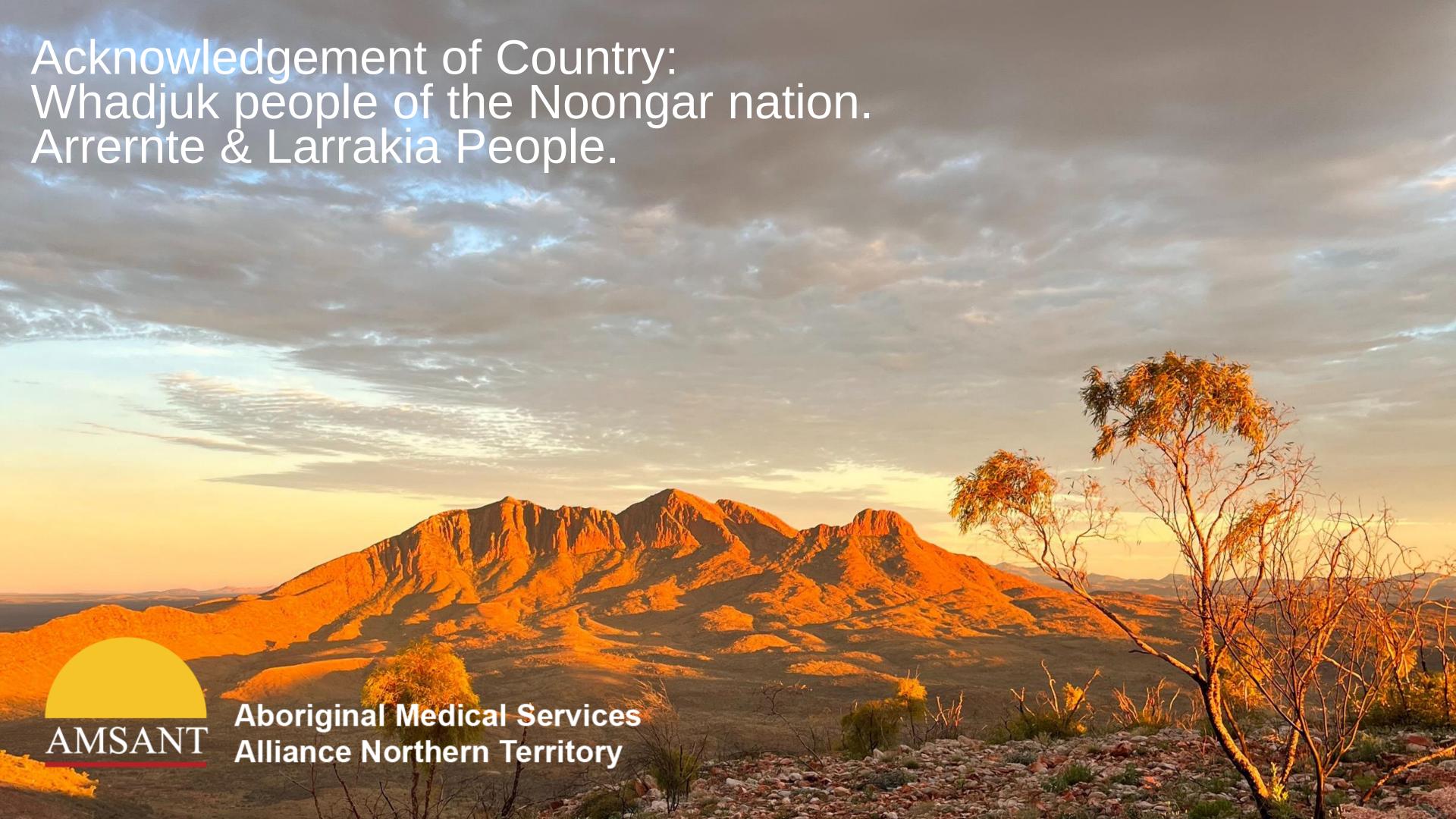


Ear Health Coordination in the Northern Territory – improving ear health outcomes in primary care

CATHARINE KENT AND RUBY BETHUNE (SHE/HER) - EAR HEALTH COORDINATORS



Aboriginal Medical Services
Alliance Northern Territory





Member Map





Aboriginal Medical Services Alliance Northern Territory

We are the Aboriginal Community Controlled Health peak body in the Northern Territory





Leadership











Darwin

43 Mitchell St Darwin City NT 0800 Australia

> GPO Box 1624 Darwin NT 0801 Ph: (08) 8944 6666



Alice Springs

34-36 Hartley St Alice Springs NT 0870 Australia

> GPO Box 1464 Alice Springs NT 0871 Ph: (08) 8959 4600



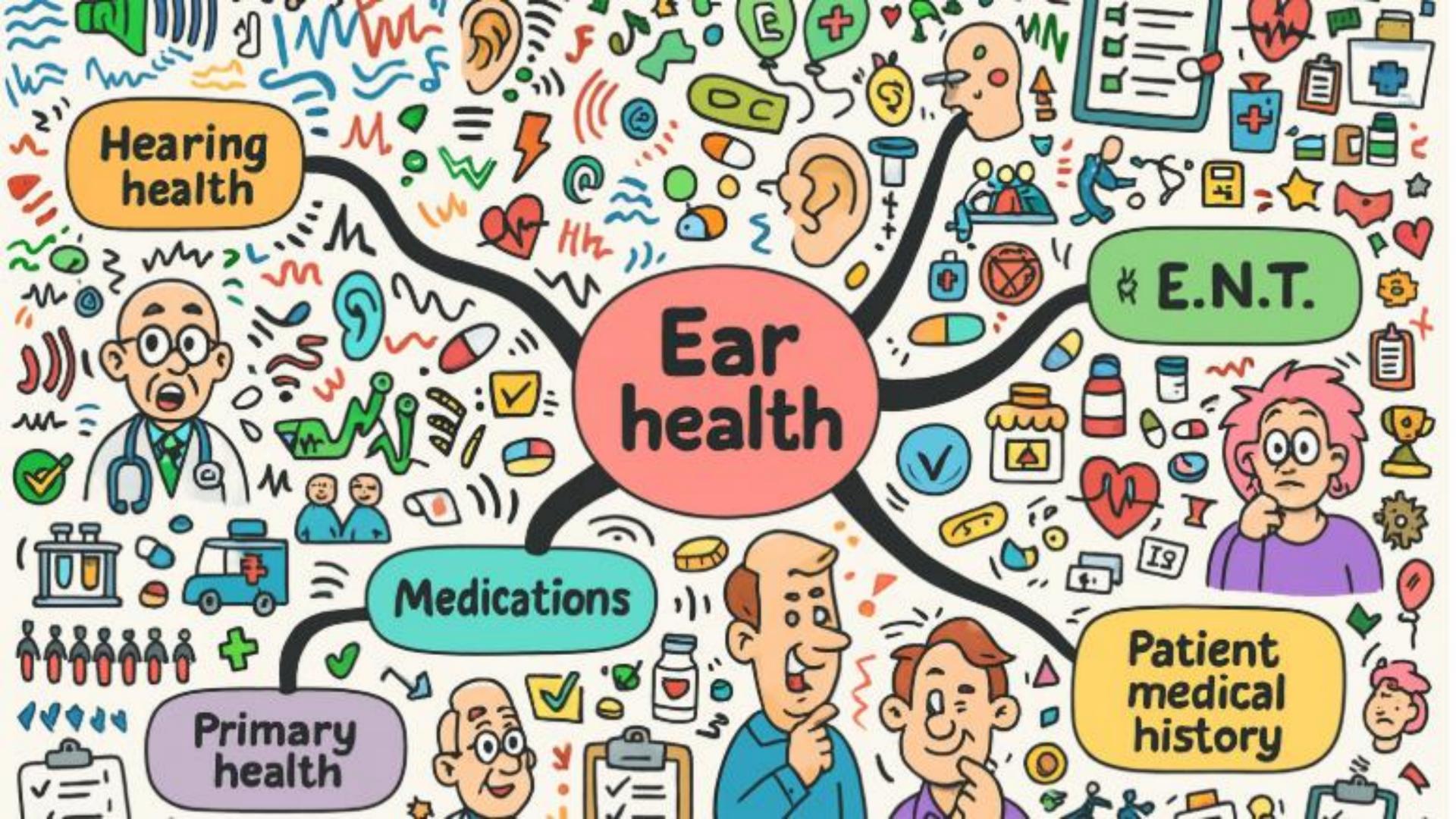
AMSANT Ear Health Coordinator Program

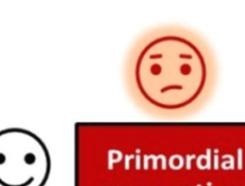
'The purpose of this contract is to provide funds to employ an Ear Health Coordinator to deliver relevant ear and hearing health activities, in the respective jurisdiction, to enhance capability and capacity of primary health care to deliver ear and hearing health services.'

? What are PHC services meant to be doing?

? What is impacting their capacity to do this?

?How can we enhance this capacity?





prevention

Specific measures to reduce risk

Secondary prevention

Prevent complications and disability

Health

General health enhancement measures

Primary prevention Measures for early identification and prompt treatment

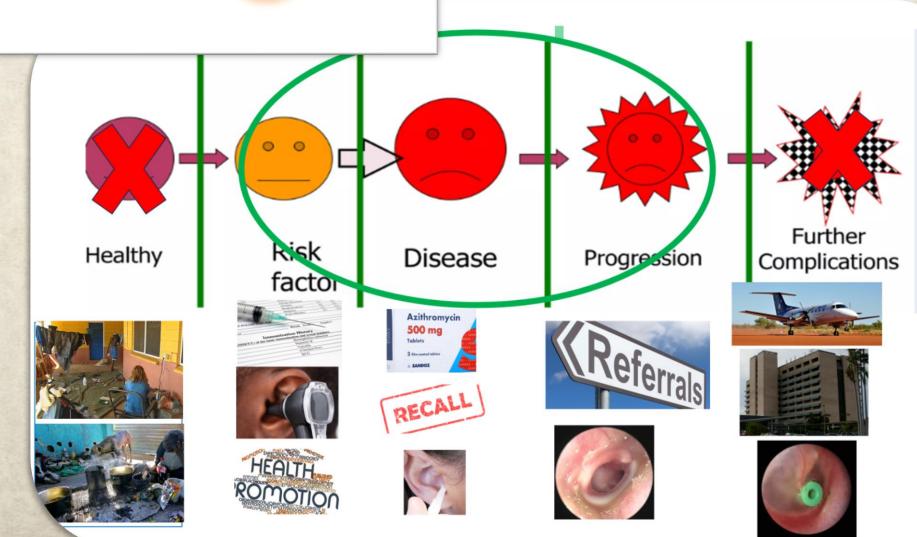
Tertiary prevention



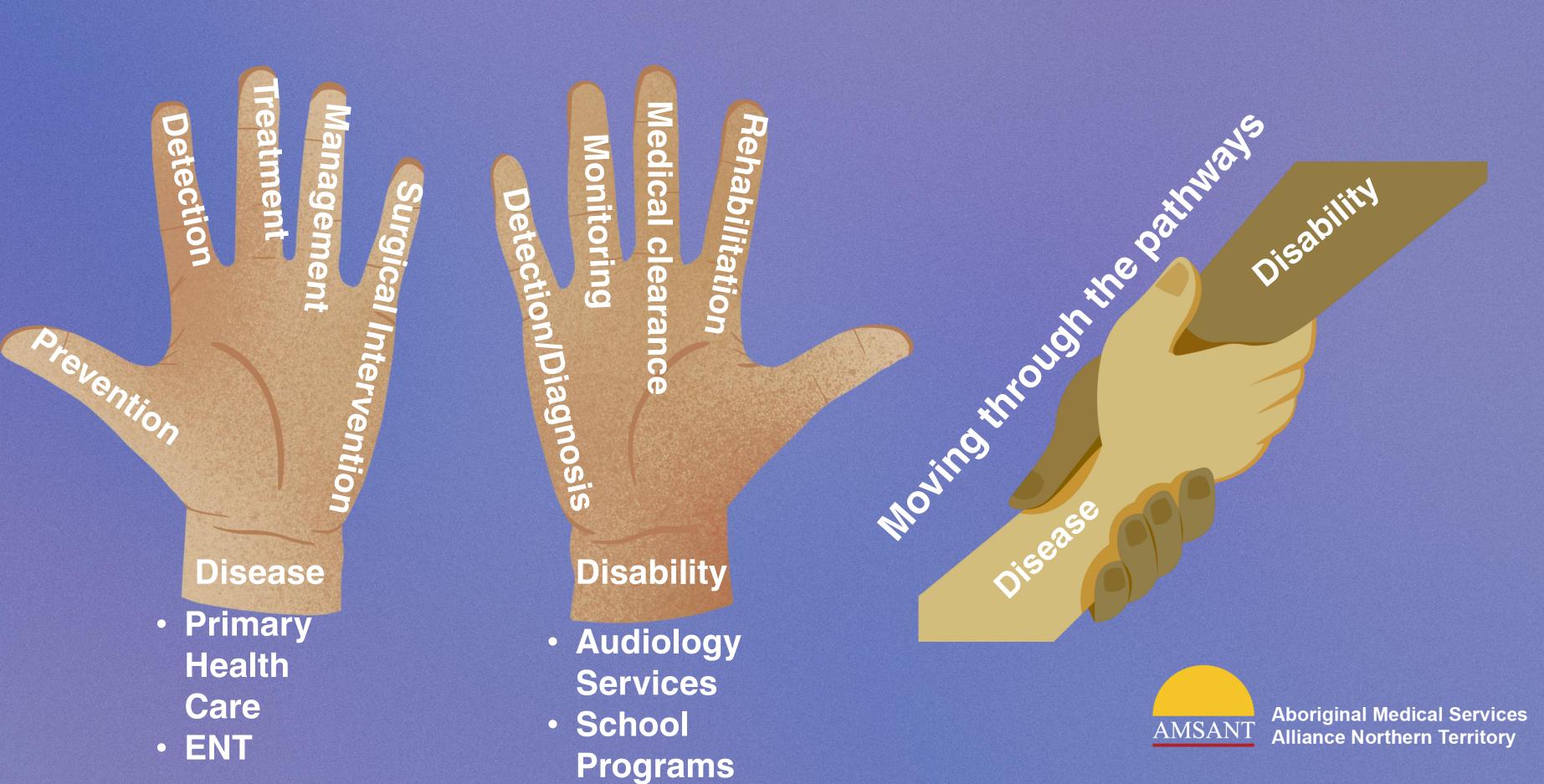
AMSANT EAR BEALTH PROGRAM Needs Analysis: Key issues impacting primary health care sector capacity to improve ear and hearing health outcomes for Aboriginal and Torres Strait Islander children in the Northern

EAR COORDINATOR PROGRAM ABORIGINAL MEDICAL SERVICES ALLIANCE NT (AMSANT) MARCH 2021

Territory

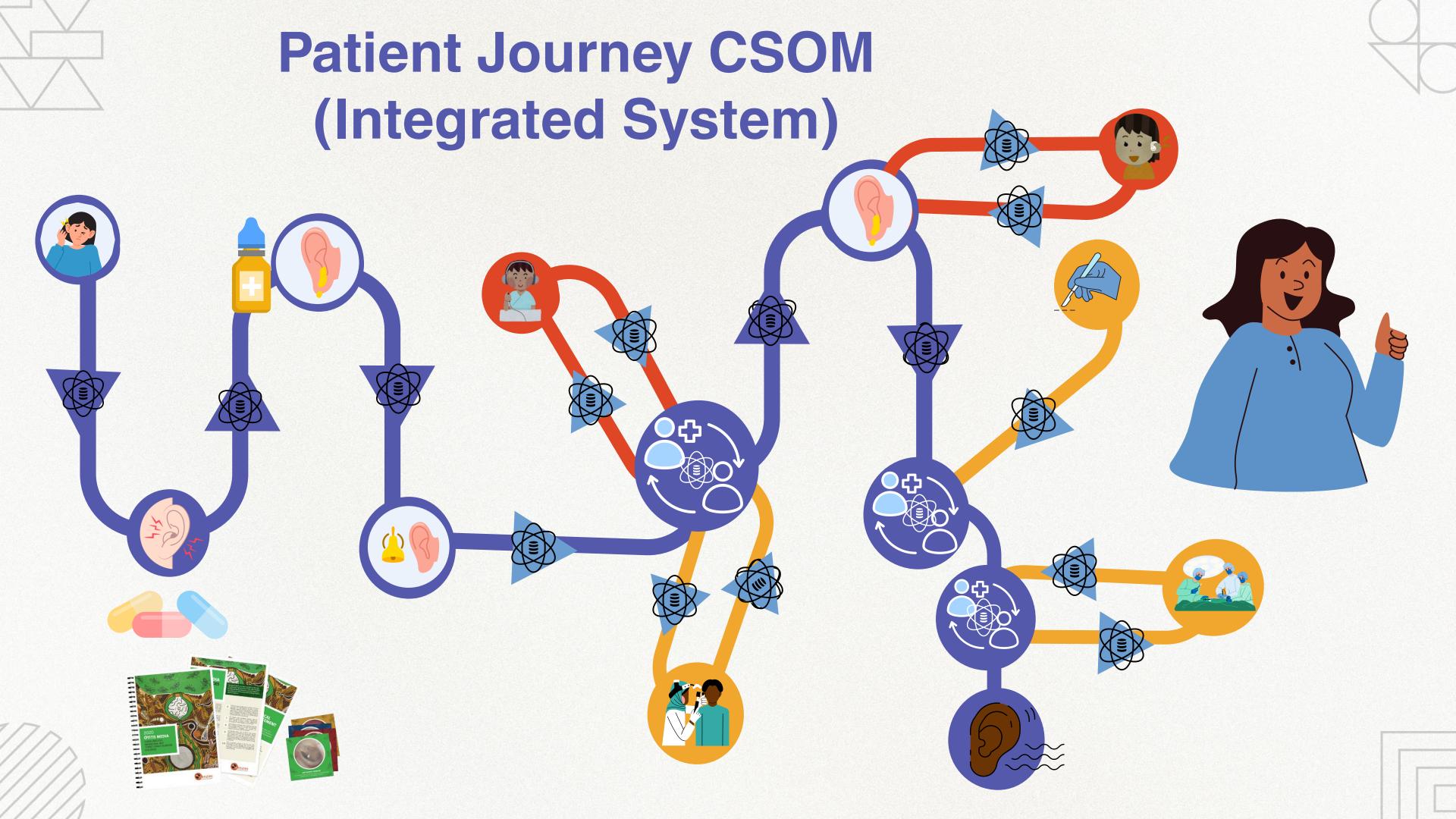


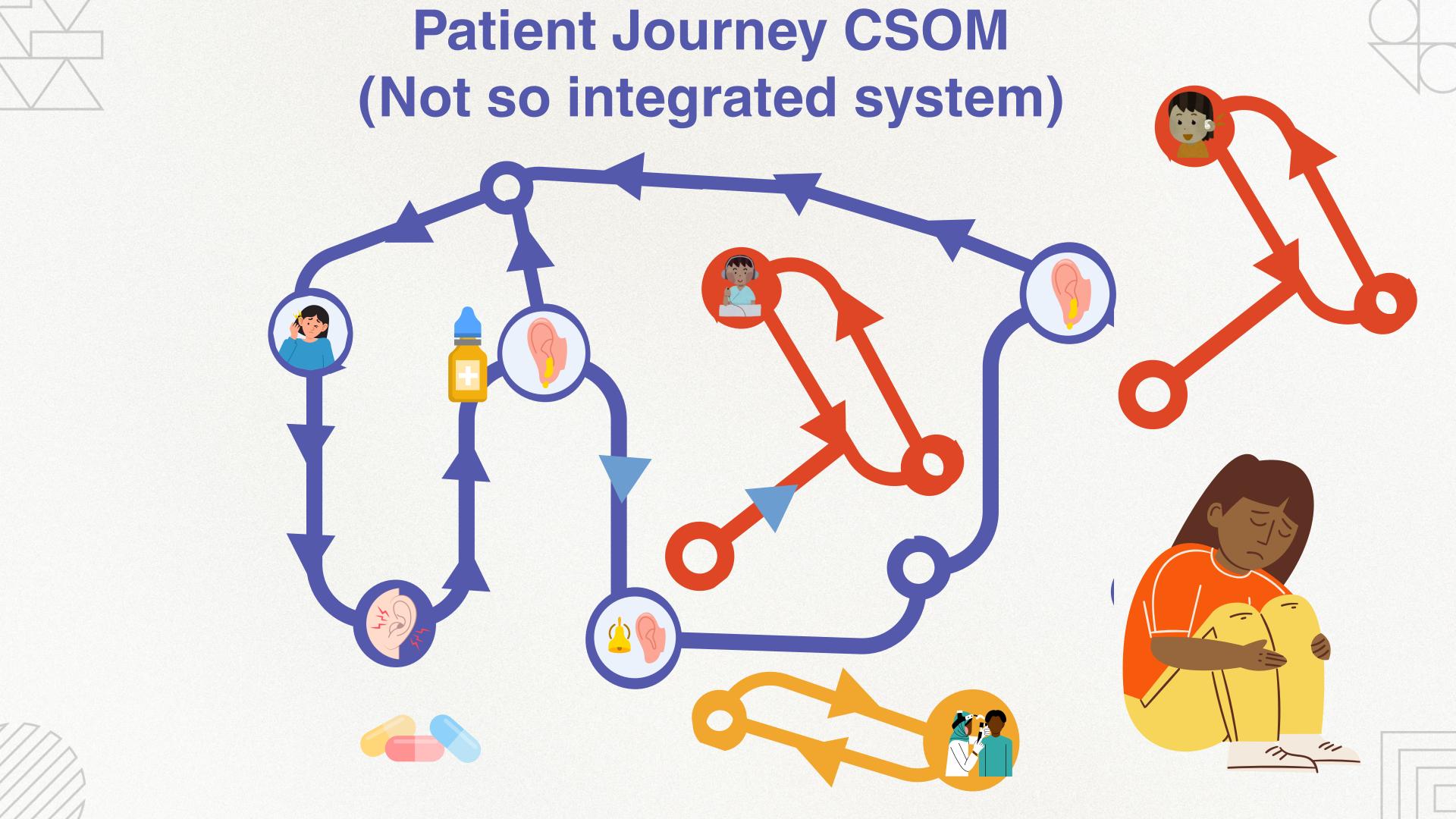
Otitis Media: Disease and Disability



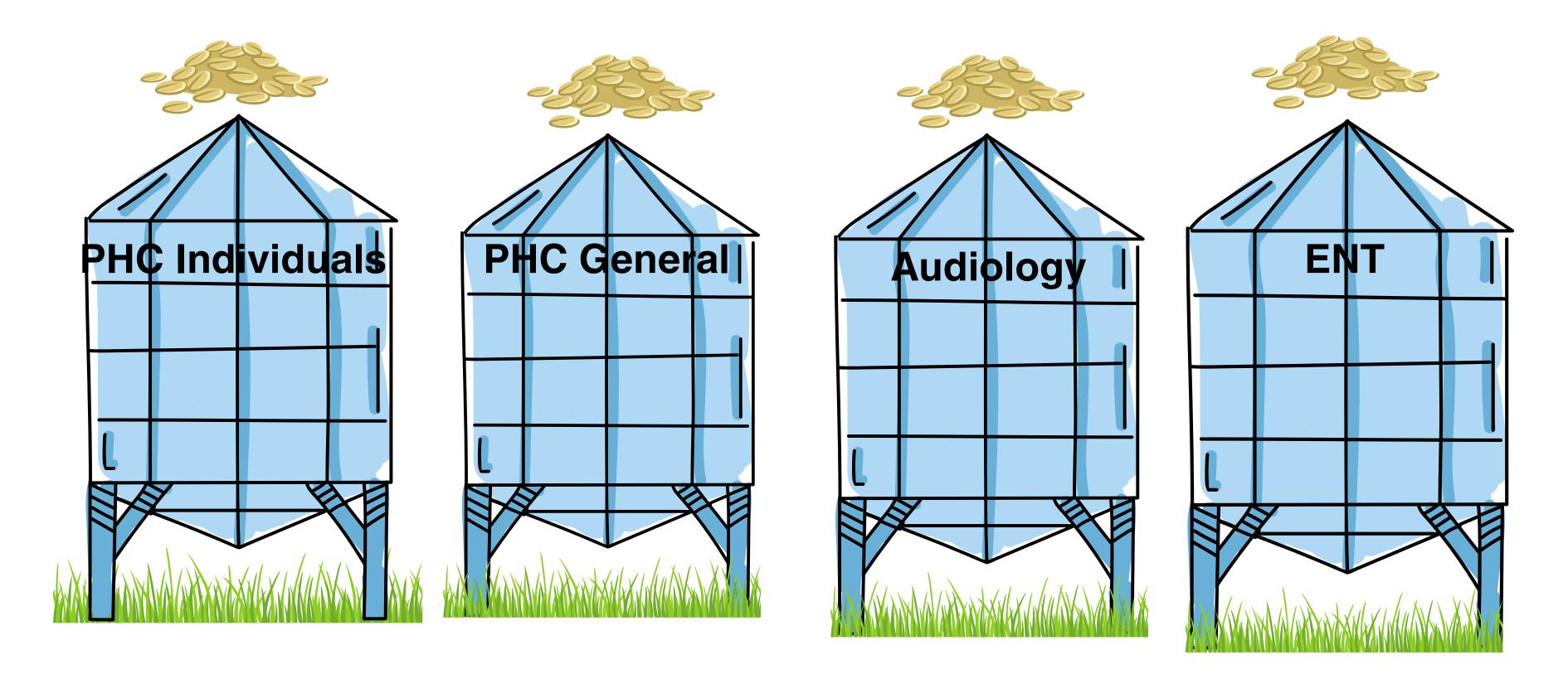
Sophisticated and Integrated Information capture and sharing

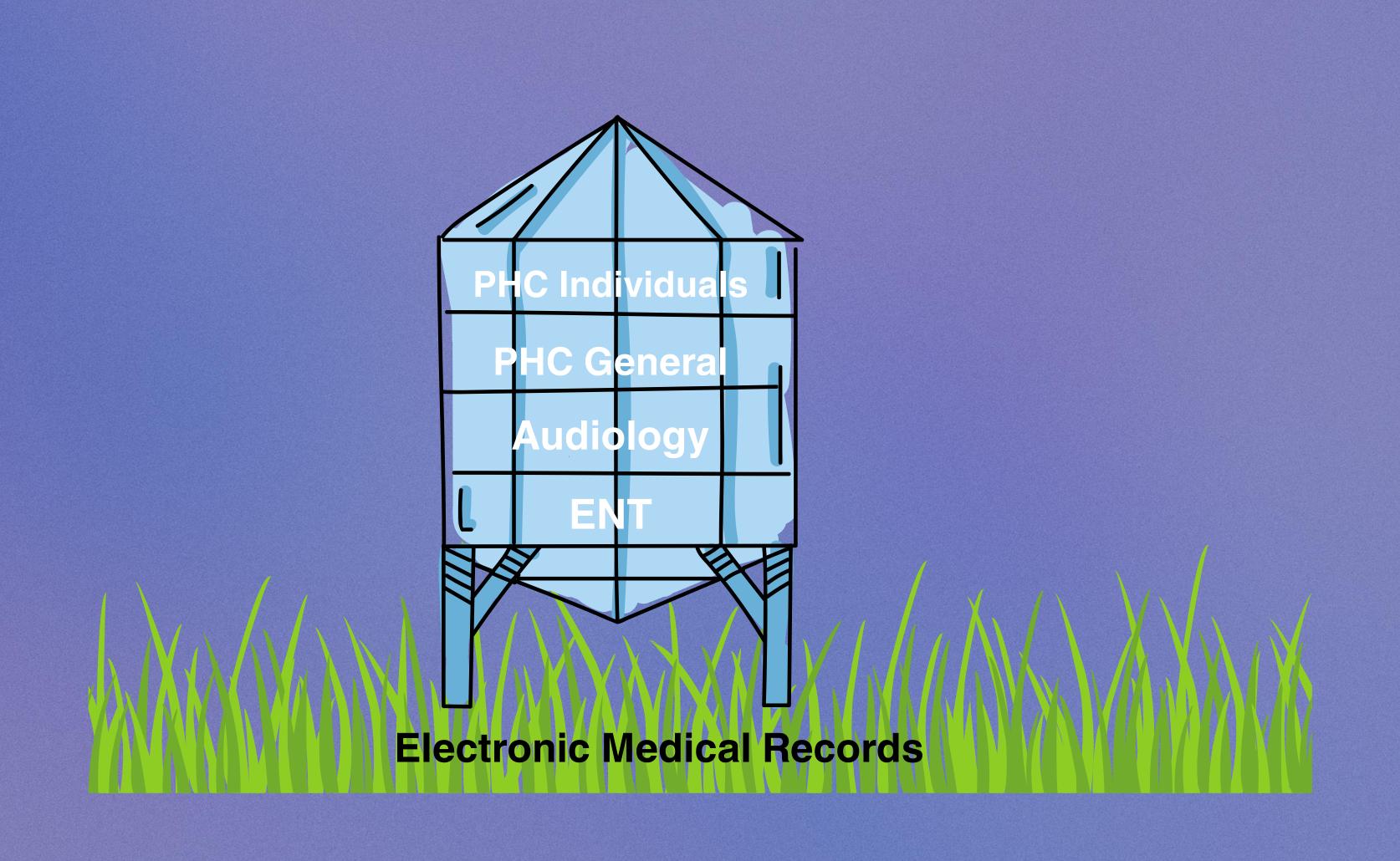






Barriers to integration and following best practice guidelines





Key Ingredients for following the Otitis Media Guidelines



HISTORY!

Otoscopy

Tympanometry

Accurate diagnosis of middle ear

disease

Hearing Status

Developmental Concerns

General Medical History



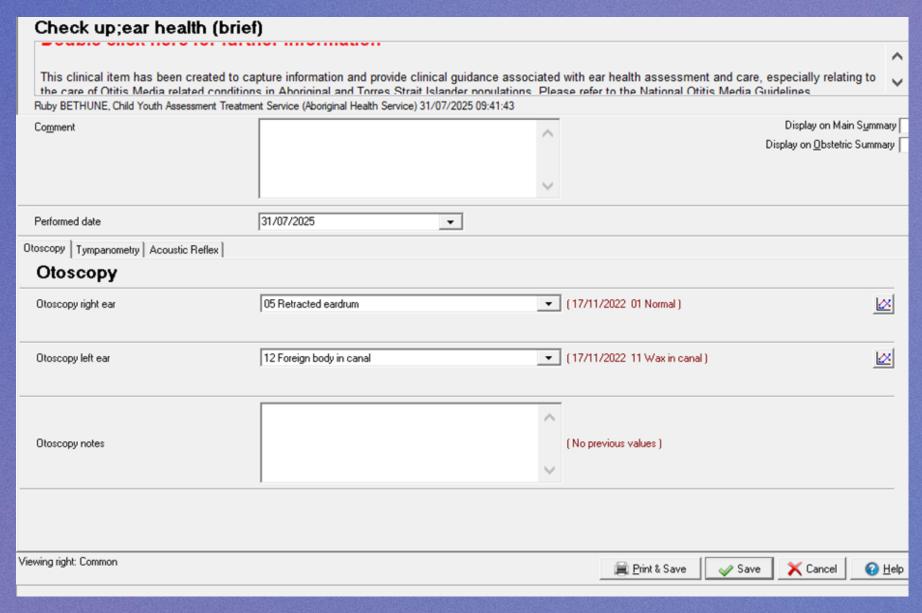


Audit of Ear Health Input into Communicare



- Generally ear observations only in progress notes.
- Diagnosis only as separate diagnosis- no timeline view.
- Tympanometry only in health child health checks.
- Limited clinical assistance/consistency across the sector.

Check Up: Ear Health (Brief)

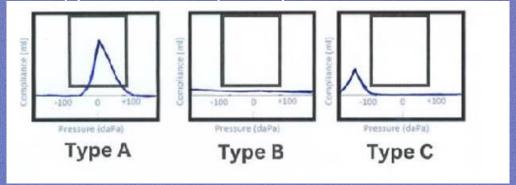


Aboriginal Medical Services

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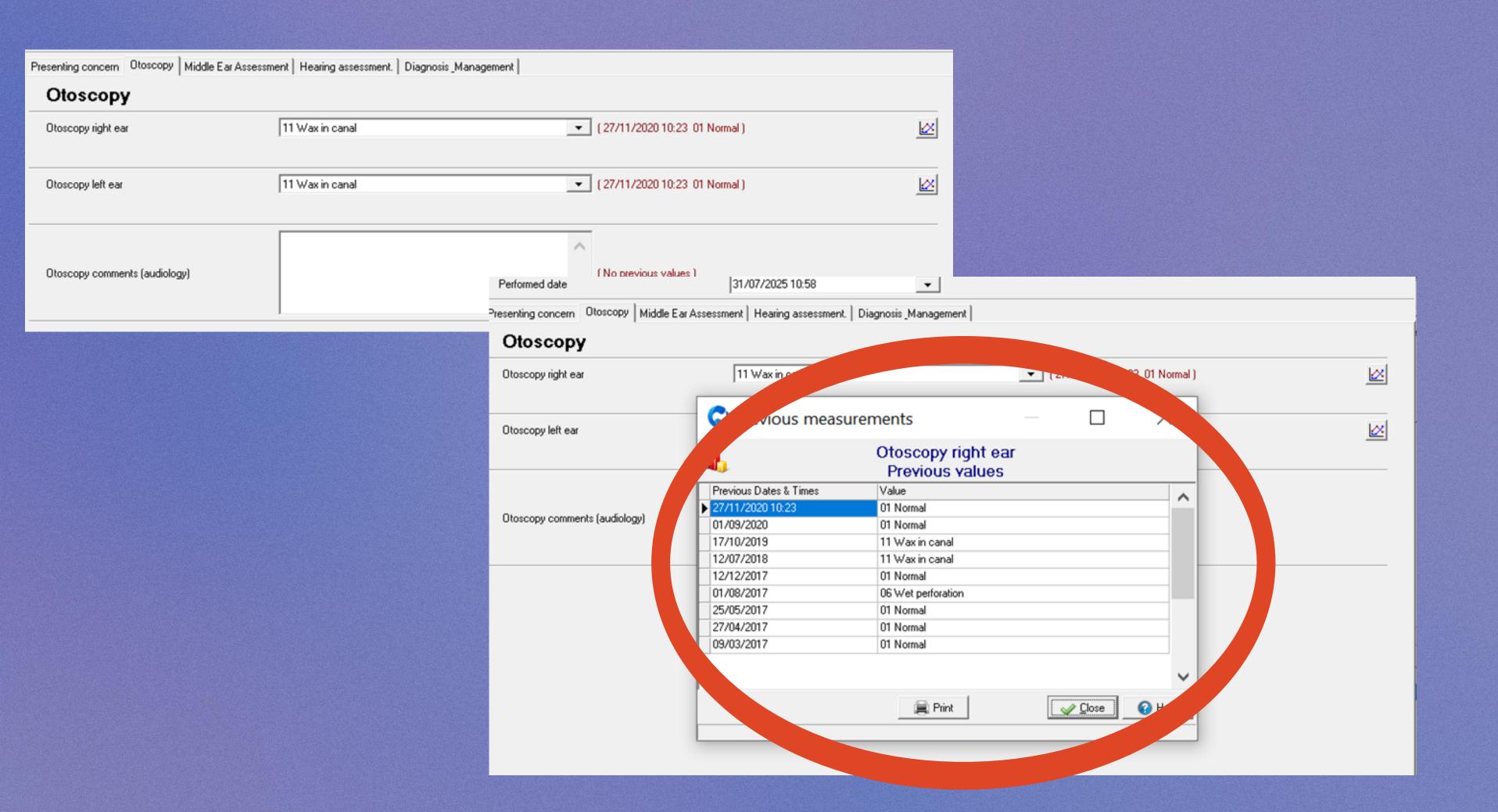
- Chronic Suppurative Otitis Media (CSOM): Ongoing ear discharge through a perforated tympanic membrane for more than 6 weeks, typically painless but persistent.
- **Dry Perforation:** Tympanic membrane perforation without active discharge, either transient or chronic. Can be referred to as inactive CSOM
- Recurrent Acute Otitis Media (RAOM): Defined as =3 episodes in 6 months or =4 episodes in 12 months, with periods of resolution in between.

Tympanometry: An objective test of middle ear function that measures ear drum movement in response to air pressure changes and sound. Helps identify fluid, perforation, or dysfunction.



Categories of tympanograms:

- · Type A refers to a mobile ear drum with a peak inside the box.
- · Type B is an immobile eardrum with no peak.
- · Type C is when the ear drum is mobile but has a peak outside of the box.



Check Up: Ear Health (Comprehensive)

Check up;ear health (con	nprehensive)				
Double click here for furt	ther information				
	antura information and provide clinical quidance associate ent Service (Aboriginal Health Service) 31/07/2025 09:41:43	ad with aar haalth accaceman	nt and care ecnocially relating to		
Comment			Display on Main S <u>u</u> mmary Display on <u>O</u> bstetric Summary		
Performed date	31/07/2025				
toscopy Tympanometry Acoustic Reflex Ear I	Diagnosis and Management				
Tissue spears used		(No previous values)			
Follow Otitis Media or local guidelines for patient Ear Tx:med.admin.edu. given to patient	education around dry mopping and tragal pumping (pumping of the trag	gus) for administration of ear drops. (No previous values)			
Ear Tx:application of drops demostrated?	_	(No previous values)			
Ear Tx:tissue spear process demostrated?	_	(No previous values)			
Ear Tx:medication admin demostrated?	_	(No previous values)	Diagnosis & Manag	gement	
			Audiology diagnosis(Consider the pa	ient's clinical history to determine whether this is an acute epi	sode of disease or a persisting/chronic issue.)
Hearing concerns		(No previous values)	Note: formal diagnosis should also be	recorded by completing a climinate diagnosis.	
Speech / language concerns		(No previous values)	Right ear diagnosis	03 Otitis media with effusion	v (previous values)
Patient interest in mgmt of	of ear problem		Note: formal diagnosis should also be	e reculed by completing a clinical item for that diagnosis.	
Identified interest:Referral audiology		(No previous values)	Left ear diagnosis	93 Otitis media with effusion	vo previous values)
Identified interest:Referral ENT		(No previous values)			

▼ (No previous values)

(No previous values)

Identified interest:Ref.hearing support

Identified interest:Ref.speech pathology

Audit of Audiology Input





- PDF documents
- Progress notes
- Detailed data input- not cohesive with PHC

Audiology Assessment

Presenting concern Otoscopy Middle Ear Assessment Hearing assessment. Diagnosis Management								
Diagnosis & Management								
Audiology diagnosis(Consider the patient's clinical history to determine whether this is an acute episode of disease or a persisting/chronic issue.)								
Note: formal diagnosis should also be recorded by completing a clinical item for that diagnosis.								
Right ear diagnosis	03 Otitis media with effusion	(No previous values)						
Note: formal diagnosis should also be recorded by completing a clinical item for that diagnosis.								
Left ear diagnosis	03 Otitis media with effusion	(No previous values)						
(>35dBHL in better hearing ear)								
Hearing Disability	C Yes C No @ Blank	(No previous values)						
Health practitioner follow up	C Yes C No @ Blank	(No previous values)						
Audiology follow up/recall	C Yes C No @ Blank	(No previous values)						
ENT recommended	C Yes C No @ Blank	(No previous values)						
Hearing aid required	C Yes C No @ Blank	(No previous values)						
Hearing Aid Fitted	C Yes C No @ Blank	(No previous values)						
Communication strategies advised?[1]	○ Yes ○ No ○ Blank	(No previous values)						
Family consent to share info with school	C Yes C No @ Blank	(No previous values)						
Active ENT Referral	C Yes C No @ Blank	(No previous values)						
Active ENT waitlist	C Yes C No @ Blank	(No previous values)						
		^						
Audiology Management Summary		(No previous values)						
		✓						

Next Steps



- · Implementation
- Awareness
- Training
- Improving with feedback
- Standardisation in data capture across sector



Questions



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