Module 4:
Hearing assistance implementation and evaluation

Version: February 2016

Contents

Aim

To enable learners to implement, monitor and evaluate hearing assistance plans.

By the end of this module learners should be able to

- Build on the skills explained in Module 1 so as to -
  - Understand how to encourage and assist a client to adapt to using hearing aids by means of a realistic, staged approach agreed with the client
  - Know how to assist a client to self-manage their hearing aids as far as possible
  - Record the measures taken and outcomes achieved in accordance with organisation protocols.

- Contribute to monitoring and evaluating the implementation and maintenance of hearing assistance to clients by gathering data in accordance with organisation protocols at admission/commencement, at periodic client reviews and, also at discharge/departure from a hospital or care arrangement.

Scope

This module is applicable to clients in long-stay residential care and hospital situations and is also relevant to clients in continuing in-home care.

The monitoring and evaluating section of this module includes straight forward indicators of the quality of hearing assistance provided in the context of personal care.

Related modules

- Module 1: Core skills for hearing assistance
- Module 2: Communicating with hearing impaired clients
- Module 3: Hearing assistance needs assessment and care planning

1. Implementing a hearing assistance care plan

1.1 Assisting a client to adapt to using hearing aids

Encouragement and assistance from staff is essential while a client adapts to using hearing aids for the first time (and particularly after a failed previous attempt) otherwise the aids are likely to be abandoned to "the bottom drawer."

It is beneficial for both client and staff to maximise a client's hearing and their ability to self-manage their hearing aids as far as possible. However, where a client requires assistance from staff in order to use their hearing aids the necessary information should be recorded on a *Client Hearing Impairment Information and Assistance Needs* form as part of their initial assessment and care planning. (See Module 3: Appendix 4) In long-stay situations, routine staff assistance with changing batteries, cleaning, checking and if necessary basic trouble shooting of hearing aids should be documented for quality assurance using a *Routine Hearing Aid Battery Change, Checking and Cleaning Record.* (See Appendix 1).

Management of aids
The *management of hearing aids* includes:

- inserting and removing an aid
- using hearing aid controls where available for changing volume, activating a telecoil etc
- replacing a hearing aid battery
- proper storage of an aid when not being used
- cleaning and basic trouble shooting a hearing aid.

Staff should be competent in the basic hearing aid management skills relevant to their role as demonstrated in Part B of the video *Hearing Assistance in Aged Care* and as stated in the prompt cards. (See Module 1: Instructional video and related material)

Staff should be capable of passing on practical hearing aid management skills to clients who are able to self-manage their hearing aids in part or whole (and to family members who may assist them). The best approach would be: explain > demonstrate > observe the client's performance, with repetition and revision as necessary.

Teaching Aid 1: Video clip

Play Part B Section 1 (and Section 2 if applicable to client) of training video *Hearing Assistance in Aged Care* from Module 1.

Purpose: To demonstrate to client some basic but essential skills for managing hearing aids.

Access: Freely available at www.youtube.com/watch?v=O15xOkOkFVQ&feature

When assisting a client to adapt to using hearing aids:

- it is essential that flexible arrangements are made to maximise the realistic benefit of hearing aid use. The arrangements should be agreed with the client and implemented as part of their care plan. The limitations faced by some older clients need to be taken into account;

- it is often reassuring for the client if mentoring is provided by one or two interested staff who are regularly in the unit where the client is located. A trained volunteer, if available, could assist in providing this mentoring;

- it is important to remember that adapting to hearing aid use may take time – especially where hearing loss has not been attended to for a considerable period. Therefore, to avoid or at least reduce discouragement during the early stages of hearing aid use, it is important to ensure that the client realises, from the outset, that a hearing aid is unlikely to give full or immediate benefit. Perseverance will be needed;

- it is advisable if possible for staff to seek advice from the clinician who fits a client's hearing aids concerning the client's anticipated hearing capacity and situations in which listening may prove difficult, especially while getting used to wearing the aids. Ideally a staff member who will have close association with the client could accompany the client while the aids are fitted. If that is not possible, a volunteer or family member might do so and report back to staff. In any case the clinician's written advice should be sought and included in the client's care plan;

- it is helpful for staff to have some basic knowledge of audiograms and types of hearing loss as this should assist in understanding the implications of information and advice provided by a hearing services clinician. (See Module 3); and

- it is often beneficial to implement a staged approach to adapting to hearing aid use.

Staged approach to assist clients to adapt to hearing aid use

In long-stay residential situations and continuing in-home care a *staged approach* to adapting to hearing aid use may be helpful. Agree with the client a couple of *realistic* hearing objectives to concentrate on for a start. As goals are achieved agree additional objectives until the client is satisfied with their hearing situation. See Table 1.

Table 1: Example of a staged approach to assist a client adapt to hearing aid use

Stage 1	Stage 2	Stage 3
• Wear hearing aids for conversation with one other person in a quiet location for one to two hours a day • Listen to a TV and/or radio segment where mostly one person speaks at a time in limited background noise. (e.g. ABC 'Australian Story')	• Wear aids for conversation with a couple of people, gradually learning to tolerate more background noise and for longer periods • Listen to somewhat more complex TV***** and/or radio shows where more people are involved • Use aids on reduced volume during meal times. If the aids have a noise setting try this. Note: ***** TV captions/sub-titles may be helpful but the aim at this stage is to practice listening. (Use of captions depends on speed at which a client can read and the adequacy of their vision.)	• Wear aids in a larger group in a generally quieter setting (e.g. church services) • Expand TV and/or radio listening situations - perhaps also try listening to some quiet music and songs which were enjoyed in the past • Gradually increase hearing aid volume at meal times • Visit small shops, coffee houses and dining venues in somewhat greater noise. (These areas will probably always present some hearing difficulties.)
Treat noisy outings with caution - especially to noisy malls, cafes or dining venues. If normal meal times are too noisy at first - remove the aids before going to the dining room. (Don't turn them off while in the ear as they will act as ear plugs!) The client should identify new and recovered sounds which are heard when using their hearing aids. The client then needs to decide which of these they want to hear and which background sounds they will learn to ignore. Achieving this may take some time. The client may need to monitor their voice level as this may drop due to hearing their own voice amplified through the hearing aids.	This may be an appropriate time to introduce the use of *questioning* by a hearing impaired person who has only partly heard something said to them or is unsure that they heard correctly. An apology for not hearing what has been said may well result in a repetition of what the listener has already not been able to understand. In Module 2, Exercise 4: Video role play, the hearing impaired listener was unsure of what she had been told. She asked a question which included what she thought had been said to her. This resulted in the speaker paraphrasing and simplifying his message which the listener then understood. Questions may also be useful in other situations because likely or possible answers can be anticipated. A question which is likely to result in a 'yes' or 'no' answer may be best if possible.	
The length of each stage will depend on individual progress which may vary. Progress should be reviewed with the client regularly each week.		

Using telephones and hearing loops

At some point a client may wish to try using a **telephone** on speaker setting or with a hearing aid's telecoil turned on. Many hearing aids have a telecoil – often referred to as a "T-switch". In some aids the telecoil may turn on automatically when the aid is close to a telephone earpiece.
A T-switch may sometimes be disabled by the clinician fitting a hearing aid where the client confuses the T-switch with other program controls. It is recommended to start with a pre-arranged call to a familiar person with a clear speaking voice.

For helpful tips on telephone use visit:

Self Help for Hard of Hearing People, 2015, Information Sheet Number 5: Telephone Tactics
www.shhhaust.org/telephone-tactics

If an area in a facility (e.g. a common room) is fitted with a **hearing loop** a client may be encouraged to try listening to a speaker, singer, communal TV etc using their hearing aid's telecoil. Staff may need to assist some clients to turn on the T-switch on their aids or alternative listening device at the commencement of an activity and off at the conclusion. *While a T-switch is turned on the user will only hear what is transmitted through the loop* unless there is a microphone + telecoil setting (sometimes marked MT) on their hearing aids or device.

For more information on hearing loops visit:

PrintaCall, 2011, The Hearing Loop Q and A, www.printacall.com.au/q-and-a
Australian Hearing, 2013, Using Loop Systems, www.hearing.com.au/using-loop-systems

If there is no hearing loop to assist in the above type of situations it is generally better for a hearing impaired person to sit close to the speaker/performer with their hearing aid volume reduced rather than to sit further back with hearing aid volume higher and thus pick up more unwanted background noise.

Assisting clients with hearing aids in noisy situations

Many people in residential aged care find noise at mealtimes difficult. This is unfortunate as mealtimes and teatimes may also be an opportunity for social interaction.

Exercise 1: Assisting a hearing impaired person in potentially difficult hearing situations

Use the diagram showing the layout of a dining room and entertainment area to consider where best to seat a hearing impaired person in these potentially difficult situations.

Purpose: Learners to use prior learning in practical applications.

Support materials:
Exercise Handout and Sample Answer (See Appendix 2)

1.2 Listening tactics for use by hearing impaired clients

The basic communication techniques and **hearing tactics** for use when speaking **to** a hearing impaired person are outlined in Part A of the video *Hearing Assistance in Aged Care* and are also discussed in Module 2. The actions that a hearing impaired person can take to help them gain assistance from the person/s speaking to them are referred to as **listening tactics***. Listening tactics are a very important skill for hearing impaired people.*

Listening tactics for use by a client need to be explained by staff, and/or by a trained volunteer if available, then *practiced* until the client is competent and comfortable using them. Opportunities for such practice should arise in the course of normal staff contacts with the client. A client who is older or has disabilities may not be able to adopt these tactics in which case staff should where possible position the client appropriately and adjust environmental factors like seating and avoiding background noise.

Listening tactics can be introduced to a client at appropriate times, normally after the basic hearing aid management skills have been mastered.

Exercise 2: Assisting a hearing impaired person develop listening tactics

Complete a list of listening tactics for use by hearing impaired people which are counterparts of the hearing tactics which should be used when speaking to hearing impaired people.

Purpose: To encourage learners to think about the hearing tactics they should use when speaking with hearing impaired clients and to work out how they can assist such clients to adopt listening tactics to help them gain assistance from people speaking with them.

Support materials: Handout and Sample Answer (See Appendix 4)

The actions taken by staff to assist a hearing impaired client to adapt to using hearing aids, and to take other measures to get the most out of their remaining hearing, should be recorded in accordance with organisation protocols (e.g. on a ‘progress’ record in a client’s care file).

1.3 Introducing and maintaining a hearing assistance program

In an aged care facility

Experience has shown that introducing and maintaining a hearing assistance program requires the clear support of care management and other RNs.

Most administrative responsibilities associated with a hearing assistance program can be performed by an Enrolled Nurse or experienced certificated carer (e.g. as part of the role of a Team Leader for a group of units within a facility) under the general direction of the care manager or other RN. This staff member is referred to in the *Good Practice Guide* as the 'senior hearing nurse'.

Senior hearing nurses need to understand much of the detail of the *Good Practice Guide* together with the skills and approaches covered in Modules 1 to 4 as they will need to advise and mentor unit care staff in several of these matters.

Once the program has been implemented effectively administrative requirements should not be time consuming.

In home care

The geographical dispersion of home care and the different levels of care packages complicates planning and delivery of hearing assistance in home care. It is however Government policy that care be provided to older Australians in their homes for as long as possible. Residential care is therefore becoming increasingly high dependency.

It is generally much harder for older residents requiring high care to start using hearing aids whereas such residents may well continue already established hearing aid use. It is therefore increasingly important that people attend to hearing loss before they may need residential care. This action should also reduce the stress on family members providing unpaid care to enable the recipient to remain at home. Effective hearing is very important for all people and particularly dementia sufferers. In summary, ***the availability of at least basic hearing assistance as part of in-home care is essential.*** (See Appendix 3 case study)

When drawing up an overall in-home care plan a supervisor or other assessor needs to identify a client's possible hearing assistance needs for discussion with the client in developing an agreed care plan. (See Module 3: Sections 3 and 4, including Appendix 4)

It may be appropriate for carers to encourage - but not pressure - clients to address their apparent hearing loss and then encourage them to persevere while adapting to using hearing aids or an alternative listening device. Some carers may be able to provide the type of support explained in sections 1.1 and 1.2 of this module. However supervisors may need to consider this on an individual basis.

Carers may need to provide some elements of basic hearing aid management and trouble shooting. In particular, checking that the client has undertaken the routine weekly change of hearing aid batteries, checked and cleaned the aids and that the aids are functioning satisfactorily. The carer may need to perform some or all of these tasks if the client is unable to do so and also, if necessary, order more batteries. (See Appendix 1 for appropriate record of such activity)

Because of the high incidence of hearing loss amongst aged care clients it is reasonable to expect that home care staff *routinely* use appropriate communication techniques when speaking with their clients, whether or not they use hearing aids. Such assistance costs nothing and will benefit carers as well as their clients. Training in these techniques should therefore be included in the induction of all home care staff regardless of whether hearing assistance is a specified part of care plans.

Carers will need hearing assistance training (e.g. using the *Hearing Assistance in Aged Care* video and associated Training Pack materials). Appropriate communication techniques are covered in Part A of the video but require subsequent *practice* on the job to be used effectively.

For greater detail see section 3.5 Home Care in the *Good Practice Guide*.

1.4 Service accreditation

It should be noted that hearing assistance is an accreditation expectation in aged care.

The *Aged Care Act 1997, Quality of Care Principles 2014* specifies the **minimum** accreditation standards, care and services which **residential** aged care facilities *must* provide to residents who need them. Hearing assistance comes under Accreditation Standard 2.16 “Care recipients’ sensory losses are identified and managed effectively” and a schedule also specifies the care and services to be provided, thus:

“Personal assistance, including individual attention … and physical assistance, with communication including assistance to address difficulties arising from hearing impairment, … assistance with fitting of sensory communication aids, checking hearing aid batteries ...”

Reference: www.comlaw.gov.au/Details/F2014L00830

Within **home care** a broad range of care and services are available under consumer directed care arrangements. The care and service options which *may* be provided to hearing impaired home care recipients are similar to those which are to be provided for aged care facility residents but also includes assistance in using a telephone.

Consumer directed care (CDC) options have been implemented for home care packages and the Government has indicated that CDC arrangements will be introduced in residential facilities at a future date. *It is important that necessary hearing assistance is properly considered when CDC plans are being developed with a client.*

2. Monitoring and evaluating implementation of hearing assistance care plans

It is important to measure progress in establishing and maintaining hearing assistance. The following include possible success measures for different types/ levels of care.

2.1 In ALL care and hospital situations

Use of appropriate hearing tactics when speaking with hearing impaired clients (whether or not they use hearing aids or alternative listening devices) should be monitored by managers and supervisors who themselves model these *essential* skills.

2.2 In long-stay residential aged care

1. The success of measures undertaken by staff to ***encourage client adaptation to hearing aid use*** and ***application of listening tactics,*** as well as ***acquisition of basic hearing aid management skills*** where practicable, should be regularly evaluated.

   To this end, measures and outcomes should be recorded in accordance with organisation protocols (e.g. on a 'progress' record in a client's care file) and monitored by supervisors.

2. ***Provision of any hearing assistance specified in a Client Hearing Impairment Information and Assistance Needs*** form (See Module 3: Appendix 4) in a client's care file should be checked regularly by the supervisor.

   Where it is necessary to change hearing aid batteries for a client this may be tracked by entries on a *Routine Hearing Aid Battery Change, Checking and Cleaning Record.* (See Appendix 1) Adherence to this procedure should be checked periodically by the supervisor and any recorded evidence of possible excess wax accumulation in the ear followed-up by otoscopic inspection of the ear canal. (See Module 3: Section 4)

   Assessment of residents' hearing, based on observation of their behaviour, should be made at least annually, as part of a routine overall client assessment. This should include an otoscopic inspection where applicable.

3. It is important to measure ***progress in establishing and maintaining hearing assistance***. The above suggested supervisory checks should be backed by implementation of uncomplicated *quantitative clinical care indicators*. (See Section 3.2 below.)

2.3 In hospitals and in respite residential care

For <u>both short and long-stay</u> visits, monitor by supervisory observation, that care files for ***hearing impaired clients have been clearly identified***, preferably including the international ear symbol.

In addition during <u>residential short-stay</u> visits, monitor by supervisory observation, that ***ad hoc assistance with hearing aid use (including cochlear implants etc) is provided as necessary to geriatric or incapacitated clients.***

During <u>long-stay</u> visits, ***staff assistance with hearing aid use is formalised on admission and monitored as part of care plan implementation***.

Risk of loss or damage to hearing aids while <u>in hospital,</u> together with possible staff inability to assist in their use, has resulted in older people sometimes being discouraged from taking their hearing aids with them to hospital. To assist in correcting this undesirable situation, responses to the following questions need to be

recorded as part of the admission procedure and any necessary assistance included in the client's care plan.

	Question	Response	
A	Do you have a hearing loss that sometimes causes you to miss parts of what is said?	Yes	No
B	If yes, do you normally use hearing aids or other assistive listening device [ALD]?	Yes	No
C	If you answered yes to question B: Have you brought your hearing aids/ALD to the hospital?	Yes	No
D	If you answered yes to question B: Do you need assistance from staff to use your hearing aids/ALD while in hospital?	Yes	No

Responses to the above questions, together with whether the aids/ALD were used while in hospital and functioning satisfactorily at discharge, could also be used to calculate percentage indicators of the quality of hearing assistance provided in the hospital. Example indicators (expressed as percentages):

- $\frac{\text{No. of patients who brought their hearing aids/ ALD into hospital}}{\text{No. of patients who normally use hearing aids/ALDs}} \times 100$

- $\frac{\text{No. of patients who regularly used their hearing aids while in hospital}}{\text{No. of patients who brought their hearing aids/ALD into hospital}} \times 100$

- $\frac{\text{No. of patients whose hearing aids/ALD were lost or damaged in hospital}}{\text{Number of patients who brought their hearing aids/ALD into hospital}} \times 100$

The goal for quality care would be to increase the percentage results for the first two indicators and to reduce the percentage result for the third.

The first indicator might be improved by advising prospective patients (and aged care facilities in the vicinity of a hospital) that assistance is available to patients who need help in managing their hearing aids.

The second and third indicators should improve through training staff in basic hearing aid management and trouble shooting skills (see Module 1), ensuring that hearing aids are stored appropriately when not in use and accompany patients transferring between units within the hospital. (Training could count towards mandatory in-service/CPD requirements.)

The frequency of measurement and use of QIs over time to map and stimulate improvement would need to be determined.

2.4 In home care

Monitor by supervisory checks, based on the level of hearing assistance specified in the client's care plan.

3. Quality indicators for hearing assistance in aged care

It is important to measure progress in establishing and maintaining hearing assistance. This may best be done by regular supervisory checks of relevant records backed by implementation of uncomplicated quantitative clinical care indicators for this aspect of personal care.

3.1 National Quality Indicators for Aged Care

The Australian Government has moved to establish a voluntary *National Quality Indicator Programme* for aged care. (This information is to be moved to the Department of Health website.)

The National Aged Care Quality Indicators Programme
www.dss.gov.au/ageing-and-aged-care/ensuring-quality/quality-indicators/about-the-national-aged-care-quality-indicator-programme

"The National Aged Care Quality Indicator Programme ... is a voluntary programme for aged care services.

"Quality Indicators (QIs) measure aspects of service provision which contribute to the quality of care and services given by the provider, and to the consumers' quality of life and experiences. The main objectives of the QI Programme are:

- To give consumers transparent, comparable information about quality in aged care to assist decision making.
- For providers to have robust, valid data to measure and monitor their performance and support continuous quality improvement.

….

"The QI Programme is being implemented in a phased approach and will expand over time to encompass a range of QIs and quality of life and consumer experience measures in both home and residential aged care. QI data will ultimately be published on the My Aged Care website when the data has been established as reliable and accurate and after stakeholder consultation."

Residential aged care quality indicators
www.dss.gov.au/ageing-and-aged-care/ensuring-quality/quality-indicators/residential-aged-care-quality-indicators

"The National Aged Care Quality Indicator Programme … is commencing its implementation with three QIs for residential aged care …

1. Pressure injuries
2. Use of physical restraint
3. Unplanned weight loss

….

"National implementation of the first three QIs commences in residential facilities in January 2016 …

"Consumer experience and quality of life tools are being assessed for their suitability in residential aged care. If any tools are found to be applicable, feasible and user-friendly for consumers and providers they may be piloted in 2016."

1 December 2015

Home care quality indicators
www.dss.gov.au/ageing-and-aged-care/ensuring-quality/quality-indicators/home-care-quality-indicators

"… an initial suite of tools that measure goal attainment, consumer experience and quality of life will be piloted with a nationally representative sample of Home Care Package service providers in early 2016.
National voluntary implementation of quality indicators for home care is currently targeted for 2017."

21 January 2016

It is not yet clear to what extent, and how, the national program will include care of the senses.

For the purpose of monitoring progress with hearing assistance supplementary measures are likely to be necessary and are proposed in the following section for use in residential aged care facilities.

This approach might be adapted for use by home care providers but without bench marks at least initially.

3.2 ResCareQA

ResCareQA is a very useful tool that provides a concrete means of monitoring a comprehensive range of clinical outcomes within a residential facility and allows benchmarking across and between facilities. *Preliminary* thresholds for recognising apparently good and unsatisfactory quality care are provided for each of the indicators.

ResCareQA is not however intended to be used as an absolute measure of quality, rather results should be read in context and used as trigger-points for investigation.

A major strength of this tool is that it facilitates consideration of possible relationships between different areas of client care.

ResCareQA has indicators for care of the senses, including hearing.

A useful indicator of the degree of effectiveness of a hearing assistance program is the prevalence of significant hearing impairment without use of hearing aids (including cochlear and other implantable devices and personal communicator alternative listening devices).

The following hearing information is gathered for individual residents -

1. Score that best describes the resident's auditory capacity:

Description of auditory capacity	Score
Hears adequately – TV, normal talk	0
Slightly impaired – difficulty in following speech mainly in noisy situations	1
Moderately impaired – great difficulty in noisy situations	2
Severely impaired – difficulty following speech even with a hearing aid; cannot use conventional phone	3
Profound impairment – no useful hearing; hearing aids of little or no help.	4

2. Whether hearing aid/s were in place and used?

The individual results are aggregated, converted to the following fraction and expressed as a percentage.

$$\frac{\text{No. of residents with moderate to severe hearing impairment (score} \geq 2\text{) and no hearing aid use at last assessment}}{\text{Total no. of residents with moderate to severe hearing impairment at last assessment}}$$

An expert panel comprising experienced aged care managers, researchers and clinicians arrived at the following *preliminary* **benchmarks** for this clinical indicator:

- Scores at or below 14% indicated a very good clinical outcome.
- Scores at or above 47% indicate an apparently poor clinical outcome which should trigger investigation of the reasons for the unsatisfactory outcome and to identify how this could be improved.

It was recognised by the expert panel that some indicator outcomes are more prevalent and harder to minimise than others – including the presence of hearing loss without use of hearing aids.

Nevertheless a comprehensive pilot program of hearing assistance in a large aged care facility, providing different levels of care, generally supported the above benchmarks.

This indicator could be compared within and between facilities. The lower threshold (14%) may well prove too ambitious in high dependency areas, especially where serious dementia is prevalent and where residents were not established hearing aids users before they required high level care.

It is also important to monitor the extent to which staff have identified hearing loss amongst residents.

On the basis of the above mentioned pilot program, it seems reasonable to expect that some 40% of a facility's residents would be identified as likely to benefit from use of hearing aids or ALDs if they are willing to do so. This may include residents with a slight hearing loss who sometimes miss part of what is said to them. Such residents may however lack the motivation to persevere with use of hearing aids or ALDs. Residents with significant hearing loss but who also suffer from serious dementia may not be able to cope with hearing aids

For more comprehensive information about *ResCareQA* visit:

O'Reilly, Maria T., Courtney, Mary D., Edwards, Helen E., & Hassall, Stacey, 2011, Clinical outcomes in residential care: setting benchmarks for quality. *Australasian Journal on Ageing*, *30*(2), pp. 63-69. http://eprints.qut.edu.au/39331

Courtney, Mary D., O'Reilly, Maria T., Edwards, Helen E., & Hassall, Stacey L., 2007, Development of a Systematic Approach to Assessing Quality within Australian Residential Aged Care Facilities: The Clinical Care Indicators Tool. *Australian Health Review*, 31(4), pp. 582-591 http://eprints.qut.edu.au/33671

Appendix 1: Routine Hearing Aid Battery Change, Checking and Cleaning Record form

Courtesy of IRT William Beach Gardens. The schedule has been amended to provide a generic version.

(Cover sheet)

ROUTINE HEARING AID BATTERY CHANGE, CHECKING AND CLEANING RECORD

CLIENT _____

LOCATION _____

_____

Every _____* change batteries & check for possible wax or possible moisture accumulations.

Clean aids and check they are functioning satisfactorily.

If possible signs of wax build up noted, report to: _____

DATE	BATTERIES CHANGED	AID CLEANED AND CHECKED	POSSIBLE WAX BUILD UP ** YES/ NO	EARS CHECKED IF NECCESSARY

Notes

Date and tick in columns as appropriate

* Day of Week (or shorter period if necessary).

** State L or R for relevant ear if wax is not in both ears.

If follow up action is required note this in accordance with organisation protocols.

Appendix 2: Handout and answer sheet for Exercise 1: Identification of best seats for hearing impaired people

Exercise 1: Identification of best seats for hearing impaired people

Exercise 1: Example answer for the identification of best seats for hearing impaired people

Exercise 1: Identification of best seats for hearing impaired people

Consider the layout of a residential dining room and a community area as shown on the diagram below. Where would you encourage a hearing impaired resident to sit so as to minimise the hearing difficulties they might experience during a meal or when listening to a concert, especially if they cannot access the hearing loop in the common area?

On the map sheet please show:

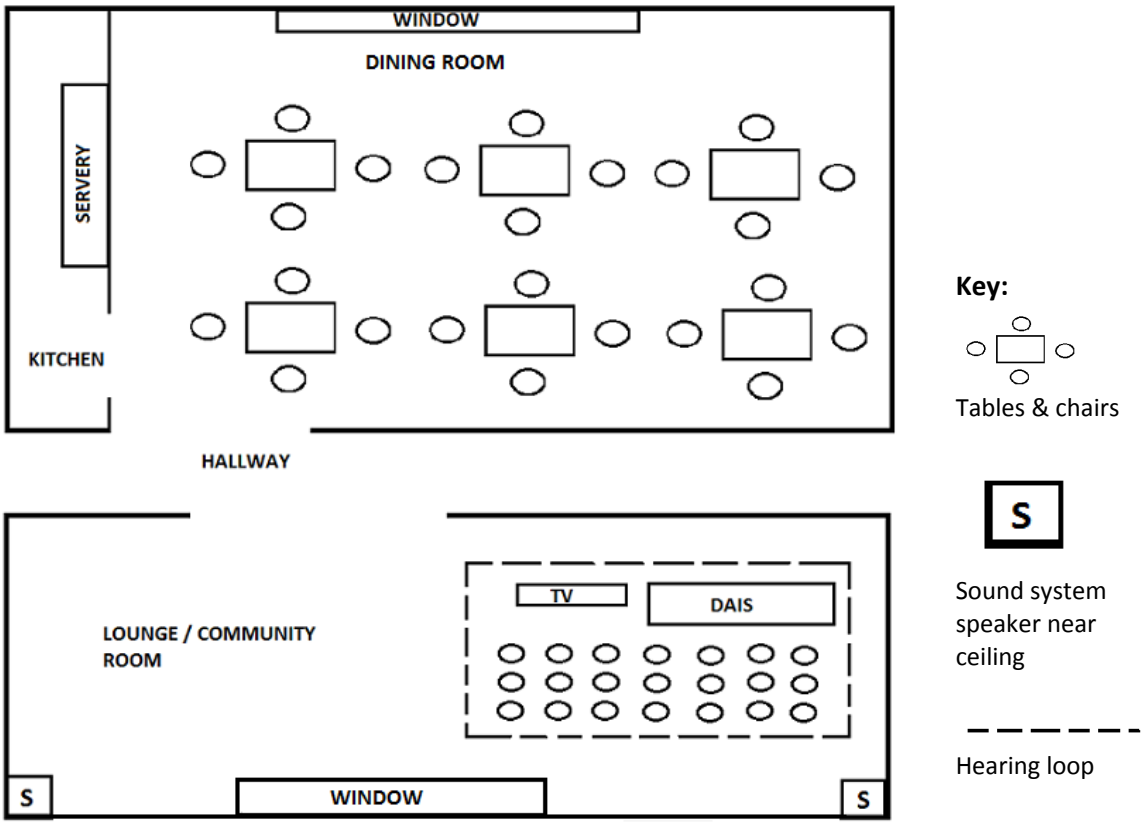
To indicate the direction of likely noise

To indicate the direction of sunlight

Preferred seats

2nd preference seats

Mark 3 or 4 seats in each category in both the dining room & lounge / community room.



Key:

Tables & chairs

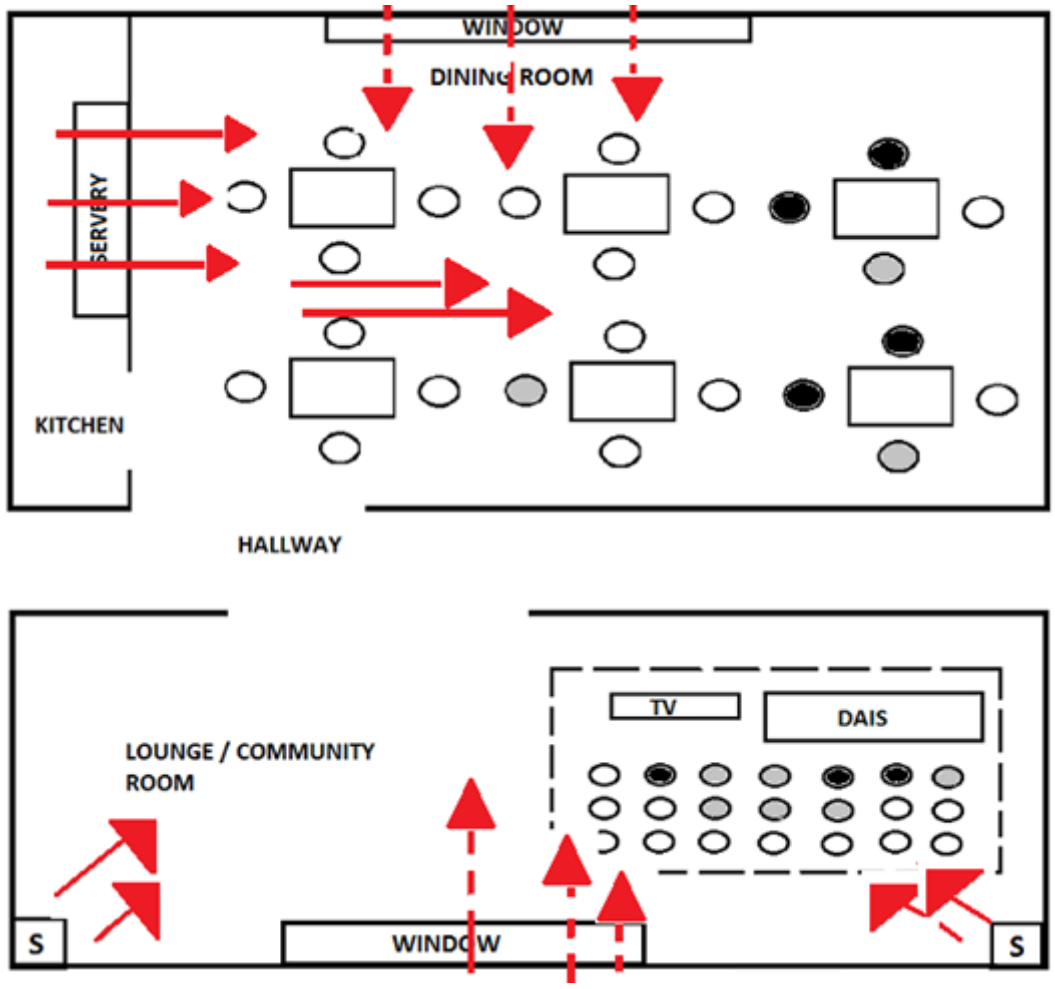
S

Sound system speaker near ceiling

Hearing loop

1. **Explain your selections**

Exercise 1: Example answer for the identification of best seats for hearing impaired people



Explain your selections

My selection in the dining room takes account of kitchen noise from the servery. Light from the window is avoided or minimized in the faces of the hearing impaired listeners.

For watching TV or entertainment in a group in the lounge / community room the front row is close to the TV screen or entertainer / presenter, but not too close to the sound system speakers and with backs to the noise from people in other rows. Front seats will allow best visual access.
With a T-Switch turned on, background noise will be eliminated and sounds will be received directly from the hearing loop, not the speakers.

In this example light from the windows in not in the hearing impaired listeners eyes. It is assumed that the artificial light is satisfactory for all seats.

Appendix 3: Home care case study - *Why don't they just get a hearing aid?*

In a noisy world, it is getting harder to hear; loud noise is now the norm. Garbled conversations or instructions can leave many, especially the elderly, uncertain and anxious or just ignorant. The ability to hear is critical to understanding the world around us. Hearing is the means by which information travels from the ears to the brain.

Both my parents, as they aged experienced hearing problems. Dad started going deaf some twenty years earlier than Mum. His eyesight was worse too. Despite claiming "there's nothing wrong with my eyes" cataracts were clearly a problem. Not being able to see well made him more reliant on sound.

Although succumbing to pressure and getting hearing aids, he rarely wore them. They were analog ones and the feedback or whistling sound from them not being properly adjusted, or he not giving himself time to get used to them, became a reason not to wear them. I suspect he couldn't hear properly when the hearing specialist showed him how they worked and he never bothered to read the instructions. As well there was a mismatch problem. Six foot two with massive hands, he couldn't do fiddly stuff. Not being the sort of person to accept help from women ensured the hearing aids remained in their box.

Without mastering this new fangled technology he became more and more isolated. Not wearing his hearing aid at family gatherings meant exclusion by default. We got sick of repeating in different words what we said or clarifying the conversation tangents he'd started by mishearing a word or sound; he got frustrated when he missed a joke and it was no longer funny when we repeated it. There was tension all round.

Ringing him became a lottery. Would he hear the phone ring? Would he be capable of a sensible conversation? Would he remember to tell Mum that you'd called? "Nothing wrong with my memory," meant he rarely made notes. A few days later you'd get a worried call from Mum checking that everything was okay? Dad had forgotten to pass on the message or perhaps he'd just not heard.

Touch phones and key in numbers were becoming the norm around this time. Without his hearing aid, he never heard the instructions to press one or the other options given, he just knew the phone had been answered and used to yell into the receiver at the recorded voice until he slammed the phone down in exasperation.
Interestingly he heard better when Mum was away. Both my brothers and I were able to have some semblance of conversation with him then. It was something to do with the pitch of our voices apparently. High frequency sounds tend to go first and Mum's voice was higher than ours. Or perhaps, as he often claimed, he'd just got sick of the sound of her voice and had tuned out.

One partner not hearing while the other can remains a source of frustration for many couples and a fertile mine for comedy skits. It can affect relationships when one has the TV blaring and the other retreats to another room; when one mishears things or continually asks, "what did you say?" Or even worse, "Eh?" Midway through repeating your question it would often register what you were saying and they'd answer, adding as a coda, "shut up can't you, I'm not deaf."

Mother's case was different. She was much more social and wanted to remain so. I'd read somewhere that the earlier you start using a hearing aid, the better your hearing ability is preserved. The continuing input of sound keeps the hearing nerve pathways stimulated. No sound and they wither and die. Anxious to avoid the mistakes we'd made with Dad, we

sent her along early to a hearing specialist. Unlike Dad she wore her hearing aids all the time and had her cataracts removed in a timely fashion.
Thanks to the government, Mum had the free hearing test and aids were required. She chose a digital micro hearing system: small, powerful and discreet but tricky for the elderly and totally inappropriate for someone with arthritic hands. Unfortunately a tiny aid needs even tinier batteries.

Mum's aid slips behind her ear with a clear tube that delivers the sound through a plastic cup inserted into her ear canal. There is a tiny tail that curves around the inside of her lower ear. Neither of us is sure of its true purpose other than to drive her to distraction.

The hearing aids were fitted and they explained to Mum how to use them. However, it seems she missed the bit about replacing the batteries every seven days. Mum claimed to be wearing them but often when you rang she had trouble hearing and blamed the phone. If she could see you and knew you were speaking, there was no problem so we accepted that explanation. We never thought to query if she was changing the batteries.

Mum has never mastered texting or mobile phones so that should have alerted us to potential problems with hearing aids. However, we continued to encourage her to wear them, never realising that the batteries were long dead. With the aids not working properly and she still using them the result was more like wearing ear plugs rather than hearing enhancers.

The mystery was solved when she was in hospital recently. Wearing her aids but clearly not hearing she was confused and in danger of a diagnosis of dementia. The social worker, familiar with such things, changed her batteries. Ten days later she was again not hearing. It was then I learnt that digital aids have a high battery drain and that the batteries only last only seven days or less.

There has been an explosion in the number and types of digital hearing aids on the market. Multiple manufacturers produce aids with different model names just to confuse the situation further. She had forgotten the name of her hearing appliance provider. Trying to work out which brand she had and the batteries needed was another hurdle. Googling produced a good match as well as a YouTube video on changing the batteries.

Through necessity I became an authority. Picking up snippets of information from fellow aid wearers I learned that red is right, blue is left; if you open the battery holder overnight the batteries last longer. Through observation I noticed what happened when you ignored these rules. Keep the batteries in and they start buzzing; you can create a world of confusion by switching the aids around as Mum's carer did the other day. As well as a quick road to confusion, they are more prone to falling out.
I believe I have earned my master's degree now. After dealing with the Office of Hearing Services which has the responsibility for government funded hearing aids, I discovered a modest yearly fee, already paid by her, entitles her to free batteries. Not using them was false economy. From the YouTube segment I learnt that peeling the sticker off turns the battery on; putting it back on doesn't reverse the process.
A couple of months later after changing the batteries regularly there was no buzz. Another problem to be solved. They need to be cleaned regularly as a plug of wax can stop the sound getting through and this is what had happened to one of the aids. I wasted a couple of batteries before I worked this one out. With assistance, I learnt how to dismantle and clean them. It was only months later when clearing out her house, I found the instructions, a cleaning kit, more tubes plus packets of unused batteries in her bedroom cupboard.

Without instructions, I have found this whole process confusing so am impressed that my 89 year old Mum managed as well as she did. With any new product or acquisition, an

informative and educational introduction is required. Because of their high-tech nature it is easy to overlook something as basic as batteries. There must be other elderly folk in the same predicament. But what else can the government or society do when they don't understand, don't listen or fail to read the instructions?
Communication is a crucial and valuable skill and hearing plays a major part. All of us manage less well when tired or ill but this is particularly so of the elderly. Even with aids, good communication requires patience and understanding from both parties.

Appendix 4: Handout and answer sheet for Exercise 2: Listening tactics for use by hearing impaired people

Exercise 2: Listening tactics for use by hearing impaired people

Exercise 2: Sample answer for listening tactics for use by hearing impaired people

Exercise 2: Listening tactics for use by hearing impaired people

For each hearing tactic in the table below enter in red the *actions* a hearing impaired person can take to help them gain assistance from the person/s speaking to them. These actions by a hearing impaired person are referred to as *listening tactics* and are a very important skill for hearing impaired people.

Hearing Tactic	Listening Tactic
First get the listener's attention.	FOR EXAMPLE: If possible position yourself so that you'll not be surprised by someone approaching from behind you.
Reduce or move away from background noise - turn off television or radio.	
Face the listener directly - both sit or both stand, about a metre apart.	
Don't shout - speak normally, if necessary a *little* louder	
A smile can reassure the listener.	
Have light on your face - not shining in the listener's eyes.	
Keep your hands away from your face - let the listener see what you are saying.	
Avoid waving your hands around - do not distract the listener.	
Pointing to an object may give a clue to what is being talked about.	
If other people are present in addition to the listener, position yourself close to the others. This will make it easier for the hearing impaired listener to follow the conversation.	
If the topic of conversation changes give a clue as to what is being talked about.	
If something you say is not understood, find another way of saying the same thing…	
Have a pen and paper handy…as a last resort.	

Exercise 2: Sample answers for listening tactics for use by hearing impaired people

Hearing Tactic	Listening Tactic
First get the listener's attention.	*If possible position yourself so that you'll not be surprised by someone approaching from behind you.*
Reduce or move away from background noise - turn off television or radio	*Take initiative to do this.****
Face the listener directly - both sit or both stand, about a metre apart.	*Take initiative to do this e.g. arrange chairs appropriately.**
Don't shout - speak normally, if necessary a *little* louder	*If necessary explain that shouting actually makes it harder for you to understand what they say (especially if you are wearing hearing aids).****
A smile can reassure the listener.	*If speaker is looking serious or frustrated you might ask - 'Am I upsetting you, you look so serious?'*
Have light on your face - not shining in the listener's eyes.	*Position yourself accordingly. If necessary explain why you are moving to achieve this.****
Keep your hands away from your face - let the listener see what you are saying.	*Politely ask to be able to see the speaker's face and lip movements clearly and without distraction "because I hear with my eyes", rather than saying, "I'm hearing impaired'. ***This should provide an opportunity to explain several of your hearing needs.*
Avoid waving your hands around - do not distract the listener.	*Politely explain that you have to concentrate hard to see what the speaker is saying and it is helpful if distractions can be avoided "because I must see what you are saying" or some such. * This should provide an opportunity to explain several of your hearing needs.*
Pointing to an object may give a clue to what is being talked about.	*Look for non-verbal clues*
If other people are present in addition to the listener, position yourself close to the others. This will make it easier for the hearing impaired listener to follow the conversation.	*Try to arrange seating appropriately before the others arrive or as they do. If this is not possible explain your need and ask others to move their chairs together if possible. (Unless this request arouses general interest this is probably not the best time to raise your other hearing needs.)*
If the topic of conversation changes give a clue as to what is being talked about.	*Look for any non-verbal clues*
If something you say is not understood, find another way of saying the same thing…	*Possibly ask an appropriate question*
Have a pen and paper handy…as a last resort.	*Possibly ask the speaker or someone else to write a word or two about what is being discussed.* (You might be able to arrange this with a friend beforehand.)*

Note: * Indicates possible opportunity to raise with the speaker other hearing needs that you have.