

# Hearing and Health Care

## High Stakes Communication

By Kathi Mestayer

**“N**ow, you know not to take Ibuprofen with this medication, right?” the pharmacist asked, as she passed the prescription over the counter. The customer started digging around in her purse searching for something.

“What are you looking for?” the pharmacist asked, puzzled. “My wallet, so I can pay for the Ibuprofen,” the customer explained.

The pharmacist who told me that story said it convinced her to install a loop system at the counter for customers who have hearing loss. It helps, but she is still always on alert for a missed—or mixed—signal.

All health care settings, including hospitals, skilled nursing/rehab facilities, and doctors’ offices, face challenges in making effective communication possible. The objective is to mitigate the problems people with hearing loss deal with in our everyday lives. But health care deserves special attention, because the consequences of missing even a single word (like “not”) can be serious.

### Rehab with a Cochlear Implant

Recently, my father, who wears a cochlear implant, was in a skilled nursing/rehab facility recovering from surgery.

One day, an orderly appeared, looking around the room. My stepmother asked, “What are you looking for?”

“I’m checking to see if we can fit another patient into this room,” he answered.

“Nope, sorry, we can’t have another patient in here,” she asserted,

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true to form. “My husband is hard of hearing, and the noise of other conversations or even a television set would make it impossible for him to hear.”

She succeeded in making his case, at least for that visit.

Another day, my father and I took an exploratory trip to lunch in the common eating area, where we sat in the smallest room; one that had only three two-person tables. The acoustics were so bad (reverberation from the all-hard-surface construction and furnishings) that it was the first and last time he was able to eat there. The waitress understood completely; her daughter also has hearing loss, and we used some sign language before we left.

So, the news isn’t all bad. My father’s physical therapist, Lee, was also tuned in to his needs. “We work as far away from the other patients as possible, so there’s less noise, and he can hear me. And when someone passes by with another patient, I stop talking until they’re past,” he told me. “We look at the whole patient—not just the reason they’re here. We pay attention to any co-morbidities, like hearing loss.” I was impressed.

### A Knotty Problem

There’s no question that all the service providers in the above examples are well-meaning. I don’t think you’d choose—and remain in—this type of work without a strong streak of compassion, patience and genuine caring.

But those of us who have hearing loss, and those who communicate with us on a daily basis, know just how complicated, varied, and frustrating the accommodations we need can be. And a new problem is always around the corner, challenging us all to be innovative, attentive, flexible... and patient.

### Noise on the Ward: LEEDing the Way

One of the biggest challenges is noise. Although the healing process is aided by peace and quiet, that’s often not what hospitals have to offer. In my father’s rehab facility, my iPhone app measured the decibel level in his room at about 65 dB. That’s about the level of normal human conversation—which makes it pretty much impossible for him to hear someone talking to him. And that was at least 12 feet from the hallway, the source of the background noise.

Fortunately, the U.S. Green Business Council (USGBC)’s LEED (Leadership in Energy and Environmental Design) certification has added credits for health care facilities that meet acoustical standards. LEED is the program that awards platinum, gold and silver certification for buildings that meet its standards at different levels.

The credits for health care facilities include standards for speech privacy, background noise and exterior noise, as well as acoustical finishes for sound absorption.

### Barrier-Free Health Care Initiative

As the examples in this article illustrate, the tools health care providers need for effective communication with people with hearing loss are not always obvious at first glance.

For example, what happens when someone at the nurse's station tries to communicate with patient who has hearing loss using the intercom system in their room? If the patient doesn't reply, does it mean they're asleep? Didn't hear it? Other?

Effective communication is partly the hospital staff's (and architect's) job, but some of it is ours, asking for what we need to communicate. Fortunately, some of it is under the purview of the Barrier-Free Health Care Initiative, a two-year-old Department of Justice program that publicizes and enforces the Americans with Disabilities Act (ADA). Health care providers fall under Title III of the ADA, which includes hospitals, nursing homes, pharmacies, and professional offices of health care providers.

As described on the ADA website, the kinds of accommodations that might be required include (partial list):

- notetakers
- real-time computer-aided transcription services; written materials
- American Sign Language interpreters
- telephone handset amplifiers
- assistive listening devices and systems
- telephones compatible with hearing aids and captioned phones
- open and closed captioning, real-time captioning
- videophones
- other effective methods of making aurally delivered information

### Resources from the Americans with Disabilities Act Website

[ada.gov/hospcombr.htm](http://ada.gov/hospcombr.htm)

*Communicating with People Who Are Deaf or Hard of Hearing in Hospital Settings*

[ada.gov/effective-comm.htm](http://ada.gov/effective-comm.htm)

*Effective Communication*

### HCAA Chapters and Hospital Access

Many HCAA Chapters over the years have led the charge in their communities by creating hospital kits for communication access. The San Antonio Chapter, for example, has distributed more than 2,000 kits. For more information, contact San Antonio Chapter members, Barbara Hunter at [bobatex@aol.com](mailto:bobatex@aol.com), or Sylvia Laurel at [sylvia.laurel@gmail.com](mailto:sylvia.laurel@gmail.com). To find an HCAA Chapter near you go to [hearingloss.org](http://hearingloss.org).

available to individuals who are deaf or hard of hearing

Of course, there are also the subtle kinds of help we need to ask for, like "face me, slow down, don't stand in front of that bright window," and all the others. But it's a very good start.

The ADA requires health care facilities to assess patient needs, provide the technology, aids and services, and cover any costs. In summary, health care providers must proactively take whatever steps are necessary to find out what is needed, and then provide it.

Like the pharmacist's example of the woman wanting to buy Ibuprofen, sometimes just one word...in this case, the word "not," can be a game-changer. It's well worth the effort to

do everything possible to not let that happen. **HLM**

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