

Interprofessional Help for Hearing: Updates and Initiatives

BY KELLY TREMBLAY
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For people with hearing loss, knowing how to advocate for communication access in health care encounters is often unclear. Health care personnel, including professionals across a range of specialties, are rarely trained on matters outside of their specialty, and hearing loss is often treated as a medical specialty rather than as fundamental to communication. Further, even when efforts to accommodate communication needs are made, good intentions might miss the mark. A sign language interpreter may be offered even though you might not sign.

Interprofessional care occurs when “multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, careers and communities to deliver the highest quality care across settings” (World Health Organization 2010).

A number of initiatives have been put forward to promote interprofessional patient care, recognizing that it is essential that clinicians and institutions collaborate and communicate to ensure an appropriate exchange of information and that coordination of care occurs. Such initiatives are important to the care of all patients across age groups and are especially important for the care of seniors, an age group that is prone to experiencing multiple comorbidities and thus receiving care from multiple providers. Accurate patient-provider communication is central to safe, effective health care across the

full spectrum of health conditions and settings but achieving interprofessional care that integrates consideration of hearing health has been elusive. New approaches are needed.

The World Health Organization’s new guidelines for Integrated Care for Older People (ICOPE) were developed by an interprofessional team. They provide guidance for various types of professional and community-based stakeholders on how to approach person-centered care in a way that supports healthy aging. One priority area deemed important for healthy aging is the ability to hear.

Therefore, the guidelines specifically recommend that older people be screened for hearing loss and offered hearing aids if appropriate. Of note, these are global guidelines intended to reach people outside of the typical hearing professions. Thus, they help raise awareness of hearing loss and provide concrete steps on how to support hearing health. To make these recommendations broadly accessible and understandable, the WHO created a handbook and mobile app to describe what steps to take to create and support a personalized healthy aging plan.

Similarly, the Age Friendly Health System (AFHS) is an interprofessional effort designed to assure that older adults receive appropriate, evidence-based care, across all care settings and into the community. A framework that is designed to achieve an AFHS is the “4 Ms” model.

News and Notes

HLAA’s Communication Access in Health Care program is currently focused on the following projects:

- Planning for HLAA National Hospital Safety Webinar, October 11, 2021
- Planning for panel presentation (Advocating for Medical Communication Access for Adults with Hearing Loss) at American Speech-Language-Hearing Association annual convention, November 2021
- Constituent Calls to Action:
 - Dissemination of the Communication Access in Health Care registration page to health care providers, medical staff, and researchers
 - Participation in Johns Hopkins University Disability Health Research Center survey
- Consumer representation at the July meeting of electronic health record (EHR) work group on documentation with members of the Disability Equity Collaborative
- Direct advocacy work with select hospitals and hospital systems

Please send your questions and comments to the Communication Access in Health Care program email address: healthcareaccess@hearingloss.org

The 4 Ms are: What Matters, Medication, Mentation and Mobility. What Matters emphasizes person-centered care—what matters to the person and family; what are their goals and preferences related to their care. Medication emphasizes the critical need to assure that all medications ordered are appropriate for the person, given their goals, lifestyle and other concurring health issues. It also emphasizes the need to re-evaluate medications across time and to see if some need to be stopped or started. Mentation focuses on factors that might influence or affect cognition and the need to assess for changes in cognition for any reason. Finally, Mobility emphasizes the importance of staying active and being sure to help individuals function at their highest level. That means preventing falls and helping those who have been hospitalized or confined to any setting, stay mobile.

What is important to emphasize is that effective communication is essential to achievement of each one of these “Ms.” We need to be able to communicate what matters to us; be able to understand what is discussed about our medications; and to have adequate hearing to decrease our risk for cognitive changes, delirium or falls.

If these models of care were implemented, the hearing status of all patients would be considered in all settings, and appropriate communication accommodations would be more readily accessible. This is one of the goals of our hearing accessible initiatives and we look forward to working with all of you on this mission. **HL**

Kelly Tremblay, Ph.D., is trained as an audiologist and is a retired professor. She co-authored the WHO’s new guidelines for integrated care for older people and serves as an advocate on the board of directors with the Hearing Loss Association of America.



Margaret Wallhagen, Ph.D., is professor of nursing at University of California San Francisco. She has made outstanding contributions to nursing science and research and has published widely on issues related to hearing loss in health care settings. Dr. Wallhagen is consultant to the Lancet Commission addressing the global burden of hearing

loss and to the National VA Geriatric Emergency Department Advisory Council focusing on creating age-friendly emergency departments. She currently serves on the HLAA California State Association board, and is former chair of the HLAA board of directors.

One Patient’s Story

BY TERRI SHIRLEY

I was admitted to the hospital in May 2019 for emergency surgery. During my hospital stay, I had to have a CAT scan. When the procedure began and the technician went out of the room, I suddenly realized the CAT scan machine was giving me instructions.



Like any electronic or human voice I have never heard, it takes my brain some time training to understand the voice patterns, and with so much of my energy focused on dealing with my pain, I had little energy left to focus on listening skills. I couldn’t tell when to hold my breath or release my breath. Fortunately, when I was given a second CAT scan, the technician told me what to expect, and also stood behind the machine to give me signals when to hold my breath and when to release.

Toward the end of my hospitalization, a patient advocate offered me the services of an ASL interpreter, despite the fact that I do not use American Sign Language, and a laminated poster of images to point to for me to communicate, despite the fact that I have no speech difficulties. After my discharge, I realized that I would have to go to my physician’s office in order to access the results of important lab tests as he refused to use the patient portal to communicate with me, and I am unable to reliably understand the speaker when using a phone.

My experience demonstrates the need for training providers in the use of effective communication strategies when treating people who are deaf or hard of hearing from the very beginning of each health care experience. Technicians need to be trained when such individuals are on a CAT scan machine.

Terri Shirley serves on the Accessibility and Education Committee under the Colorado Commission for the Deaf, Hard of Hearing, DeafBlind and is a long-time contributor to the HLAA Kentuckiana Chapter and HLAA Boulder Chapter committees working on communication access.