

Focus on Excellence:

Ensuring Communication Access in Health Care for Patients with Hearing Loss

BY SHAWN NORRIS

As the population ages, the prevalence of hearing loss and deafness increases. Individuals who experience hearing loss later in life, as well as those who are born deaf or are diagnosed with hearing loss in youth, have many modalities with which to communicate. To provide them with the best care, health care systems must be equipped to provide appropriate accommodations. This article explores specific accommodations, training and tools available to health care providers, including examples of how Flagler Health+ effectively communicates with and supports patients who have hearing loss or are deaf.

Implementing Systems to Train Staff in Supporting Patients

Clear communication is crucial between patients and health care providers, especially for individuals with hearing loss. Therefore, one of the most essential accommodations a health care system can provide is training all medical staff in effective communication methods. These can include the use of written materials, visual aids, assistive listening devices like personal FM systems and induction loop systems, as well as sign language interpreters for those who rely on American Sign Language (ASL). Importantly, each health care system should assess the community's needs and carefully select the appropriate resources to provide relevant accommodations for individual patients and their companions. Finally, health care systems should coordinate an advisory council of patients, local advocates and health care workers to develop their accommodations programs.

At Flagler Health+, the Interpreting Services department attends every new employee orientation at two-week intervals to educate hospital staff on available accommodations and language access. In addition, our dedicated Education Services team focuses on standards of excellence in the preparation of hospital staff, champions language services with flexibility, and is committed to accommodating each patient's communication needs. We have mandatory annual trainings focused on awareness of accommodations, cultural competency and language access. When there is a need for communication adjustment, the staff is notified through the patient's

chart. We also have signs available to put inside rooms that identify patients who have hearing loss or are deaf, and staff who write on a whiteboard any specific modes of communication requested by patients.

Building an Accessibility Infrastructure

Communication Access Realtime Translation (CART) has proven invaluable for many of our patients, and we believe that other providers should consider utilizing CART, particularly for counseling and therapy sessions. Additional accommodations in our program ensure that all medical facilities are equipped with technologies such as visual alarms and strobe lights for emergency situations, telecommunications devices for the deaf (TDDs), captioned telephones, and video remote interpreting services. Providing clear information about the availability of these technologies and training for proper use, maintenance, and troubleshooting is essential to ensure that our clinical staff and other health care workers can access them when needed.

A health care system that provides appropriate accommodations for individuals who have hearing loss ensures a positive experience and better health outcomes. By investing in a wide range of communication solutions, we can make certain that all patients receive the high-quality care they deserve. **HL**

Shawn Norris is a certified K-12 educator who holds both National Interpreter Certification (NIC) distinction and Core Certification Healthcare Interpreter (CoreCHI) certification. He is the ADA/Section 1557 Coordinator and Coordinator of Interpreting Services at Flagler Health+ in St. Augustine, Florida, where he created the Interpreting Services program to provide a more robust service to the community. Shawn also currently serves as president of the Florida Registry of Interpreters of the Deaf, and in 2021, he was a contributing panelist for the HLAA National Hospital Safety Program meeting.



The Communication Access in Health Care is a community initiative of HLAA that works to improve communications for people with hearing loss during medical care. For more information, and to join our email list, visit bit.ly/43cU2AH.

COVID-19: Unmasking My Reliance on Lipreading

BY KERRY SULLIVAN

Three years after COVID-19 first rocked our world, much is now returning to our pre-pandemic reality. However, some things will never be the same. For example, it became clear that health care institutions, providers and patients all came up short during that crisis, and realized things needed to change. And so it was with me.

I have lived with hearing loss for as long as I can remember, but it wasn't until my late 20s that I accepted the fact that I would need hearing aids to successfully navigate my workplace. As time passed, I began wearing them at home as well, much to the delight of my family. Noise fatigue was a challenge, but I worked to make the adjustment. In 2016 I joined HLAA, attended an HLAA Convention, and began using new assistive communication technology like InnoCaption and Google Live Transcribe. I thought that things were looking up. Then came COVID-19 and mask-wearing.

Masks Maximized My Anxiety Level

Masks instantly revealed how much I relied on lipreading and visual cues to understand speech, despite the amplification provided by my hearing aids. My brain struggled to make sense of most of what I heard and being unable to lipread a masked speaker left me feeling exhausted and anxious. Who knew listening could be such hard work? When my job quickly transitioned to a work-from-home (WFH) environment via technology tools that used videoconferencing and self-enabled captioning, I breathed a sigh of relief.

With other interactions—including those required to receive health care via telemedicine—moving largely to Zoom or FaceTime, I felt more confident that I could access the visual cues my brain needed to make sense of verbal communication. However, I couldn't deny that I still needed more help to follow unfamiliar or complex discussions, such as with my health care providers. My solution was to begin using Otter Voice Notes to independently caption these interactions. (Otter.ai is a mobile recording app that transcribes speech to text in real-time using artificial intelligence.)

Doc, If I Can't See Your Lips, I Can't Understand You

My in-person health care interactions during and since the COVID pandemic have continued to be the most challenging to navigate, as they take place in heavily masked environments. A medical office is a comprehension minefield, from masked receptionists to the masked nurse calling your name to the masked doctor communicating information that is critical to your health.

Understandably, our health care providers need to feel safe when treating us. But how can we as individuals with hearing loss feel safe when the tool used to protect providers puts us at risk? What's more, patients with hearing loss are expected to arrive equipped with our own hearing assistive tools; we can never expect them to be provided for us.

It's OK to Speak Up and Ask for What You Need

Fortunately, I have been assisted in the post-COVID health care environment by the individual efforts of compassionate providers who make accommodations after I disclose my need to read lips. Some have distanced themselves and removed their masks; some put on transparent shields. One doctor typed our conversation on his computer and enlarged the font so I could read it; another detailed his meeting notes to ensure my full comprehension. This was so helpful in every instance, and I appreciated each provider who was willing to deviate from accepted health care protocols to put my needs first.

The COVID-19 pandemic challenged and continues to shape our institutions and behaviors, while providing moments of clarity regarding our well-being. For me, its masking requirement inspired an “aha” moment—“unmasking” my primary dependence on lipreading and visual cues, despite access to other hearing assistive technology. It laid bare my need to proactively manage important in-person interactions, especially in the still-masked health care environment, to meet my listening comprehension needs. **HL**

Kerry Sullivan is a semi-retired financial services professional, and mother and grandmother of two. She is currently working hard to define the next chapter of her professional and personal life, while enjoying time with her family and traveling with her husband, Gary. As a member of HLAA, she is committed to spending more time advocating for people with hearing loss and the Deaf community.