

Ensuring that People with Hearing Loss Hear in the Healthcare Setting: *An Idea Whose Time Has Come!*

by Judy Vinegar

For all of us with hearing loss who have been (and will be) admitted into the nightmare of the healthcare system without a better way to hear and understand healthcare personnel, help is on the way!

During the HLAA Kentucky Chapters regional conference at the Marriott Hotel in downtown Louisville on September 11-12, I attended a session called "Healthcare Access Open Forum for Individuals who are Hard of Hearing." The session was riveting and revolutionary in that the presenters were asking the HOH audience for recommendations on how all members of the healthcare staff can better communicate with their patients with hearing loss.

For the first time, I felt a stirring of hope that a hospital experience in the future may not be the daunting experience that it continues to be in the present. Just last week, while on vacation, my husband was admitted into a Maryland Hospital after a severe attack of dizziness. I am thankful that he has good hearing because I would have struggled to communicate for him due to my own severe hearing loss if this were not the case. At times we both experienced difficulty hearing and understanding while in the hospital.

Here is an example of the communication problems we experienced:

I explained about my hearing loss and asked doctors and nurses to look at me when speaking so that I would be able to speech read. I made certain that I was standing next to my husband's face so that we were both in their line of vision. Although they were unfailingly polite and agreed, they occasionally glanced at me but continued speaking while multitasking (checking IV, repositioning the bed, performing a physical etc.) As a result, I could understand very little of what was said.

Around 3am, the door to our room opened and we were awakened by a doctor speaking to us from the doorway into our darkened room. Just as quickly as he appeared, he disappeared down the hallway. We had no idea who he was or what he said. What was so important that he had to wake us up in the middle of the night to tell us? We will never know.

Many healthcare workers with heavy foreign accents explained crucial medical results. Often, we had to have them repeat themselves and spell the names of medical terminology such as cardiac enzymes and kidney profile results. It was stressful to think we might be missing vital pieces of information.

The audience at the HLAA Kentucky Chapters conference had similar stories of their own. One woman discussed her eye surgery and said that she did not have her glasses on

or hearing aids in but was being given crucial discharge post-op care instructions. As a result, certain instructions were overlooked once she returned home.

Our presenters, Cara Martinez (KentuckyOne Health) and Michelle Niehaus (Program Administrator, Deaf & HOH Services with the Kentucky Division of Behavioral Health) opened the floor for recommendations:

To label or not to label

Presenters asked "should labels be used?" Some audience members felt strongly that signs saying that the patient has a hearing loss and reads lips should be posted before entering the hospital room, on the chart and over the bed. A button on the patient's gown saying "Face Me, I Read Lips" can further identify a hard of hearing patient who is being transferred to other areas of the hospital for tests.

Signs can make the hearing loss problem immediately obvious and therefore a patient need not repeat the problem over and over to everyone who entered the room. Signs are routinely posted alerting personnel that a patient is a Fall Risk, Diabetic, or Contagious and so it seems reasonable to add hearing loss to this list of need-to-know information. However, one audience member mentioned the possibility of a safety risk if signs advertised a hearing loss. The consensus was to ASK hard of hearing patients if they prefer to have signs posted alerting healthcare personnel that they have difficulty hearing.

What about Including specific needs on the registration form?

Session presenters/participants discussed the idea of listing communication needs on the Registration form. Adding a Communication Needs section which includes check boxes for Hearing Loss/Deaf/Foreign Language can identify those who need help with understanding communication. Since registration forms already include a box to check pertaining to specific religious needs, this is not a big leap.

If a person with hearing loss checks Hearing Loss on the registration form, someone knowledgeable in the area of Hearing Assistive Technology can come to the room and demonstrate the equipment (Pocket Talker, FM system, Roger Pen etc.) that may best help the person hear better. Alternately, if a person with hearing loss anticipates a hospital stay, that person can visit a hospital online website, review the available equipment, choose it and reserve it.

Should doctors and nurses be responsible for taking continuing education courses in how to communicate with people who are hard of hearing?

Session presenters/participants mentioned that very often, healthcare personnel do not understand how to talk to people with hearing loss. They think speaking louder or over-enunciating will do the trick. From my recent experience with the hospital personnel in Maryland, I understand that people cannot automatically internalize information about how best to speak to a person with hearing loss when they are simultaneously under some

stress themselves to give good and comprehensive medical care. However, if they are taught these things (maintain consistent eye contact, speak slowly and clearly rather than loudly) in an online course, the information may be automatically available to them when needed.

Using old fashioned techniques

It's difficult when trying to understand medical personnel with heavy accents or those using unfamiliar medical terminology. Having a pen and paper handy so that the doctor or nurse can jot down the important points and spell out difficult concepts may be all that is necessary to clear up communication glitches. Even moving to a quiet room or having another person re-voice the information can be helpful.

Another audience member made a great point when she said that not just patients, but also hospitals and doctors can benefit enormously when making certain that communication is clear. At this time, hospitals are being penalized when readmissions occur frequently and both doctors and hospitals are being held responsible for poor outcomes. Many of these readmissions may have been prevented if all communication, including discharge instructions, were made clear.

The poet, Victor Hugo, once said that all the forces in the world are not so powerful as an idea whose time has come. Taking the steps to ensure that people with hearing loss hear critical information in the health care setting is, without a doubt, an idea whose time has come.