



The newsletter of the Hearing Loss Association of America, Albuquerque Chapter

WIRED FOR SOUND

The Need for Audiology in Skilled Nursing Facilities¹

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of the Audiology Project*

Laws and professional guidance exist that are intended to foster hearing care for residents of skilled nursing facilities. There appears to be widespread reliance on observation for identifying hearing loss, and this leads to frequent under-identification of hearing loss. The consequence is that residents often have hearing losses that impact their daily communication and possibly the outcomes of other screening and diagnostic testing that are verbally administered (e.g., cognitive assessment). This discussion will first present selected laws and professional guidance advisements and then offer examples of unidentified hearing loss, and its consequences in this population. Finally, a specific recommendation for change is offered.

The Omnibus Budget and Reconciliation Act of 1987 was a large federal law encompassing regulation for many sectors, including the needs of skilled nursing homes. This law states that hearing and vision must be assessed within three to five days of admission to the nursing home. In response to this law, Medicare wrote CMS Minimum Data Set assessments for hearing and vision. The CMS MDS hearing assessment is basically an observation of a hearing problem by an assessment nurse, which can include simply asking the resident if they perceive a hearing loss. Research since the CMS MDS hearing assessment was developed indicates that hearing loss is severely under-identified by use of this tool.



The Omnibus Budget and Reconciliation Act (OBRA) of 1987 states under REQUIREMENTS RELATING TO PROVISION OF SERVICES. — (1) QUALITY OF LIFE IN GENERAL. — A skilled nursing facility must care for its residents in such a manner and in such an environment as will promote maintenance or enhancement of the quality of life of each resident. Under SCOPE OF SERVICES AND ACTIVITIES UNDER PLAN OF CARE: A skilled nursing facility must provide services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, in accordance with a written plan of care.

In addition to OBRA, many states have laws mandating a hearing assessment within 3-14 days of admission to the nursing home. The reason for this mandate is to ensure quality of life and quality of care for the resident.

In 1996, the American Speech-Language Hearing Association (ASHA) published guidelines for Audiology services in skilled nursing facilities. They noted the incidence of hearing loss among residents in these facilities was 80%. The high incidence of hearing loss and associated consequences presented in those guidelines demonstrated the need for residents to have hearing testing. Specifically, these guidelines stated that “identifying and managing hearing loss often can reverse

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¹ See the full article in *AUDIOLOGY PRACTICES*, VOL.13, NO. 3 39-41

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**21 Sep Meeting** 10:00 AM To Noon—**on Zoom****Hearing Loss and Dementia**

Research shows that if caught early enough, dementia can be prevented or delayed in 45% of cases by addressing modifiable risk factors. According to the 2024 Lancet, the #1 modifiable risk factor is untreated hearing loss. As hearing health care providers, we can help patients live longer, healthier lives. The ACHIEVE study shows data on the positive impact treating hearing loss can have on cognition.

David Lisko, Au.D. will discuss how Cognivue has made a huge impact in hearing health care as it pertains to audition and cognition of our patients, and how hearing health care providers can help make an even bigger impact on the lives of patients and their families. He will discuss how hearing health providers can imple-



ment cognitive screening into their practices without any hint of scare tactics, how to present results to a patient in a kind and professional way, how to garner more physician referrals by incorporating cognitive screening, and how to be viewed as more of a medical model due to incorporating more testing to their everyday test batteries.

The HLAA ABQ Chapter could use some help to resume hybrid meetings (for example, with hospitality), as well as some new blood. You already know our dedication to providing the best information, advocacy, education and support for people with hearing loss. You can ease your way into volunteering and learn how this works. Just email one of the board members (listed on the left). You may also use the chapter email: HLAAbq@gmail.com.

the diagnosis or lessen the severity of [confusion]”.

A valid assessment of hearing is even more critical now, since CMS has implemented a new PDPM initiative in October 2019 that highlights cognitive issues among residents of nursing homes. Unfortunately, many speech language pathologists do not screen hearing before they do a cognitive test or treat for cognitive issues. Rehabilitation agencies that hire and deploy speech language pathologists to skilled nursing homes do not give them the equipment to screen hearing.

Anecdotal example:

One speech language pathologist commented that her in-patient rehabilitation office had 12 audiometers in the basement, but would not get them calibrated for use.

Medical Necessity for Hearing Assessment on Admission To Skill Nursing

Most residents come to skilled nursing facilities after hospitalizations for diabetes, cardiovascular events, kidney failure, severe infections and traumas from accidents. Each one of these medical issues, in addition to ototoxic medications treatments, is associated with hearing loss.

Another obstacle is the absence of a referral to audiology on hospital discharge. One hospitalist confirmed that many of her patients are unable to hear well during their hospital stay, and that she must wait for family visits to discuss diagnoses and plans of care. A speech language pathologist at another hospital stated she would refer for a hearing test if she thinks the patient has a hearing problem. And if the person already wears hearing aids, then she does not refer for an audiology evaluation, assuming the patient has already been evaluated and

treated for hearing difficulties. A central office nurse for a large southeastern hospital system stated the hospital personnel are already too busy to get everything done—with service delivery, charting and other duties—to even be concerned about hearing loss. Therefore, the hospital patient is discharged to the nursing facility with no referral for a hearing evaluation.

The CMS MDS hearing assessment given on admission to the nursing facility has been found to significantly **under-identify hearing loss**. This leads to false and inaccurate diagnoses of cognitive and disruptive behavior issues in residents who have hearing loss. Nursing staff often recognize the need for better tools to screen for sensory impairments in residents. Sadly, few audiologists are contracted in skilled nursing facilities and may not know of the significant need for services in this setting.

Speech language pathologists (SLPs) performed aural rehabilitation for many years in the 1990’s, with no screening for hearing or referral to an audiologist for assessment and treatment to correct a hearing loss, based on the observations of an audiology practice with numerous contracts in nursing homes. Aural rehabilitation appears to have been abandoned a decade ago as SLPs moved into the realm of evaluating and treating cognitive linguistic problems in nursing home residents. Yet, even with this development, in many facilities there is no valid hearing screening before the cognitive evaluation and no amplification or medical treatment is considered before cognitive treatment.

...continued next month.

Yearly dues are \$15 per household.
They are due in January.

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1-800-444-8081, opt. 3 to sign up or re-enroll.
The HLAAAbq NPO number for Smith’s is **NC419**.

Santa Fe Chapter

**Trevor Brennan and Sean Sinderholm
from The New Mexico Commission for
Deaf and Hard of Hearing (NMCDHH)**

will present on

**“Telecommunication Equipment
Distribution Program and other
services”**

**Saturday, September 21 – 10:00 am to
11:15 am**



**Santa Fe Association of
Realtors, 510 N. Guadalupe**

St. #E

**(just up from Jinja Bistro north of
DeVargas Mall)**

*We have ASL interpreters as well as a
hearing loop.*

*All meetings are free and no
reservations are needed.*

Loop People, Loop Places

Ginevra Ralph

Gotta Go to Court?

OH-OH!! You have to go to court—as a juror; a plaintiff/witness/defendant/surrogate; a lawyer, judge, bailiff, reporter; or just as an observer—and you are worried you won’t be able to hear. What do you do?

The ADA (Americans with Disability Act), at sections 219 and 706, requires that there be an assistive listening system in courtrooms as part of your due process. Typically, this will be an IR (infrared) system, but the “gold standard” is always a hearing loop. In either case, your telecoil allows you to directly access these systems. (Additional accommodations may also be requested as needed.)

However, far too often people are either “excused” from jury duty or they terminate their careers as judges or trial lawyers early because of the hearing challenges found in many courtrooms. As a society, we cannot afford to lose this expert brain trust and panels of our peers simply because we don’t support hearing loss adequately.

In Oregon we are working with two CASAs (Court Appointed Special Advocates), highly

trained and experienced volunteer advocates for youth in the juvenile system, who were both considering quitting because they can’t hear in the county’s juvenile courtroom. The judge has maintained that some sort of captioning requested in advance is adequate. They weren’t aware that it is their right under the ADA to insist that there be both an assistive listening system as well as any additional accommodations needed.

Meanwhile, one of the CASAs visited a city courtroom to test out its hearing loop. Sitting in the gallery, it worked perfectly for her. If everyone in the courtroom used a hearing aid or cochlear implant, it would have worked just as well for them too, of course.

Stay tuned for the developments on this. In the meantime the CASA is going to use one of the portables with an extended auxiliary microphone plugged in. If the judge objects, she will insist that this is the accommodation that she needs. (The US Supreme Court has a hearing loop in the gallery, after all!)

If you draw jury duty, please consider using it as an advocacy opportunity. Find out what system is in place, let them know you need accommodation, and show up! Bring your own loop if necessary. And let us know how it all works out.

Thanks to those listed below for their generous donations.

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The Hearing Loss Association of America is a volunteer association of Hard of Hearing people, their relatives and friends. It is a non-profit, non-sectarian educational organization devoted to the welfare and interest of those who cannot hear well. Membership in the national organization is by annual dues, which are separate from the annual Chapter fee paid to your local chapter. National membership includes a subscription to the bimonthly publication Hearing Life.



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