

# **Audiology Services in Skilled Nursing Facilities**

Dr. Kathryn Dowd, AuD  
Clinical Audiologist  
The Audiology Project

# The Role of Audiology in SNFs

- High incidence of hearing loss due to chronic diseases, cancer and infections
- Decreasing hearing from ototoxic medications must be monitored
- Training of staff in referral processes and taking care of hearing aids
- OBRA and NC Law requirement for hearing to be assessed
- Improves quality of life: cognition, mental status
- Audiologist must be part of assessment team, especially before cognitive evaluations

SNF: incidence of HL over 80%

All HC facilities: incidence 92%

Due to disease, Rx and age

- A person's hearing loss may interfere with attaining or maintaining the highest practicable, physical, mental, and psychosocial well-being. Adverse changes in cognition and quality of life (such as poor health, depression, and reduced independence) also have been associated with hearing loss in older adults
- Hearing aid use can have a positive effect on a person's health and well-being. It has been demonstrated that hearing aids are a successful treatment for reversing social, emotional, and communication dysfunction caused by hearing loss. In addition, hearing aids may improve cognition and functional health status, and decrease depression.

## Impact of hearing loss in SNF

# OBRA Requirements for Audiology

- All persons living in nursing home settings should receive or have access to comprehensive and continuing integrated audiology services for the purpose of attaining and maintaining the highest practicable level of physical, mental, and psychosocial well-being (Omnibus Budget Reconciliation Act, 1987).

Guidelines for Audiology Service Delivery in Nursing Homes, ASHA 1996.

# **Current NC Law:** 10A NCAC 13D .2301

## **PATIENT ASSESSMENT AND PLAN OF CARE**

- (a) At the time each patient is admitted, the facility shall ensure medical orders are available for the patient's immediate care and that, within 24 hours, a nursing assessment of immediate needs is completed by a registered nurse and measures implemented as appropriate.
- (b) The facility shall perform, within 14 days of admission and at least annually, a comprehensive, accurate, documented assessment of each patient's capability to perform daily life functions. This comprehensive assessment shall be coordinated by a registered nurse and shall include at least the following:
  - **(12) presence of visual, hearing or other sensory deficits;**

**OBRA goals that pertain to hearing health care professionals in SNFs (Kane, Ouslander, & Abrass, 1989) are:**

- 1.to restore and maintain the highest possible level of functional independence;
- 2.to preserve individual autonomy;
- 3.to maximize quality of life, perceived well-being, and life satisfaction; and
- 4.to stabilize chronic medical conditions.

# Who can sign orders for audiology?

- Clinical Nurse Specialists
- Clinical Psychologists
- Clinical Social Workers
- Interns, Residents and Fellows
- Nurse Practitioners
- Physicians Assistants
- Physicians (MDs or DOs, Dentists, Podiatrists, or Doctors of Optometry)



# Hearing Loss: The Invisible Handicap

## Medical Need

- Hearing loss due to chronic disease
- Hearing loss due to medications
- Upon return to SNF from hospital

## Quality of Life

- Consider impact on cognition, psychosocial
- End stage Alzheimers: ??

## Staff support and training

- Staff: Daily checks of hearing aids, batteries, wax guards
- Speech: Aural rehabilitation following fitting

# Diseases affecting hearing

- Diabetes
- Chronic Renal Disease
- Cardiovascular Disease
- Hypothyroidism
- Alzheimer's disease
- Infectious diseases (e.g. pneumonia, clostridium difficile)



## Diabetes and Hearing Loss

- Cochlear microangiopathy
- Neural degeneration



## Balance and Fall Prevention

- Foot neuropathy and vision effects
- Vestibular effects of diabetes



## Diabetic Pain and Infection Control

- Ototoxicity
- Vestibulotoxicity

# Cardio Vascular Disease

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## Hearing Loss

- Strokes: CVA, HTN
- DVT, PE, HBP



## Balance/Risk of Falls

- Fluid build up in extremities: loss of feeling
- Hypertension related (44% in NHANES)



## Medication

- Loop inhibiting diuretics
- Pain Rx

# Ototoxic Drugs



- A. Aminoglycoside Antibiotics (mycin drugs)
- B. Loop Inhibiting Diuretics (lasix, furosemide)
- C. Salicylates (aspirin, darvon, darvocet)
- D. Cancer Chemotherapy
- Hormone Replacement treatment
- E. Quinine

# Stages of Hearing Loss



# Symptomatic similarities: cognition and untreated hearing loss

## Alzheimers

- Depression, anxiety and disorientation
- Reduced language comprehension
- Impaired memory, especially short term
- Inappropriate psychosocial responses
- Loss of ability to recognize
- Denial, defensiveness
- Distrust and suspicion of others

## Hearing Loss

- Depression, anxiety and feelings of isolation
- Reduced communication ability
- Reduced cognitive input
- Inappropriate psychosocial responses
- Reduced mental scores
- Denial, heightened defensiveness, negativity
- Distrust and paranoia (feel others are talking about them)

# Effects of Untreated Hearing Loss

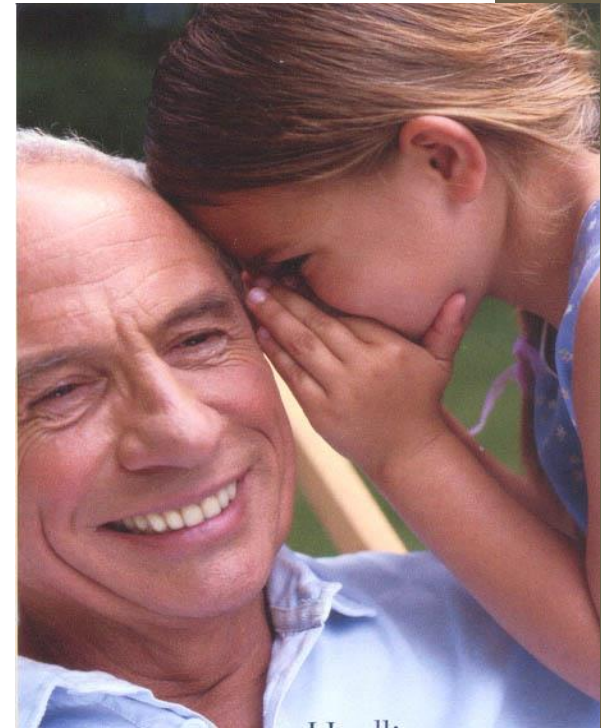
- embarrassment, fatigue, irritability
- tension/stress
- avoidance of social activities
- withdrawal from personal relationships
- depression, negativism
- danger to personal safety
- social rejection by others
- impaired memory and ability to learn new tasks
- Poor job performance and reduced earning power
- Diminished psychological and overall health

(Better Hearing Institute, 2009)



# JUST REFER!!!

- When there is history of hearing loss, chronic or infectious disease
- When the resident has returned from the hospital
- When the person has hearing aids over 1 year
- When the chart history indicates ototoxic medications
- **Always refer on admission!** Population of 80% incidence of hearing loss must be tested and monitored



**Kathy Dowd, AuD, Executive Director  
The Audiology Project**

**[www.theaudiologyproject.com](http://www.theaudiologyproject.com)  
[kdowd01@att.net](mailto:kdowd01@att.net)**

**704-502-5016**