Audiology Services in Skilled Nursing Facilities

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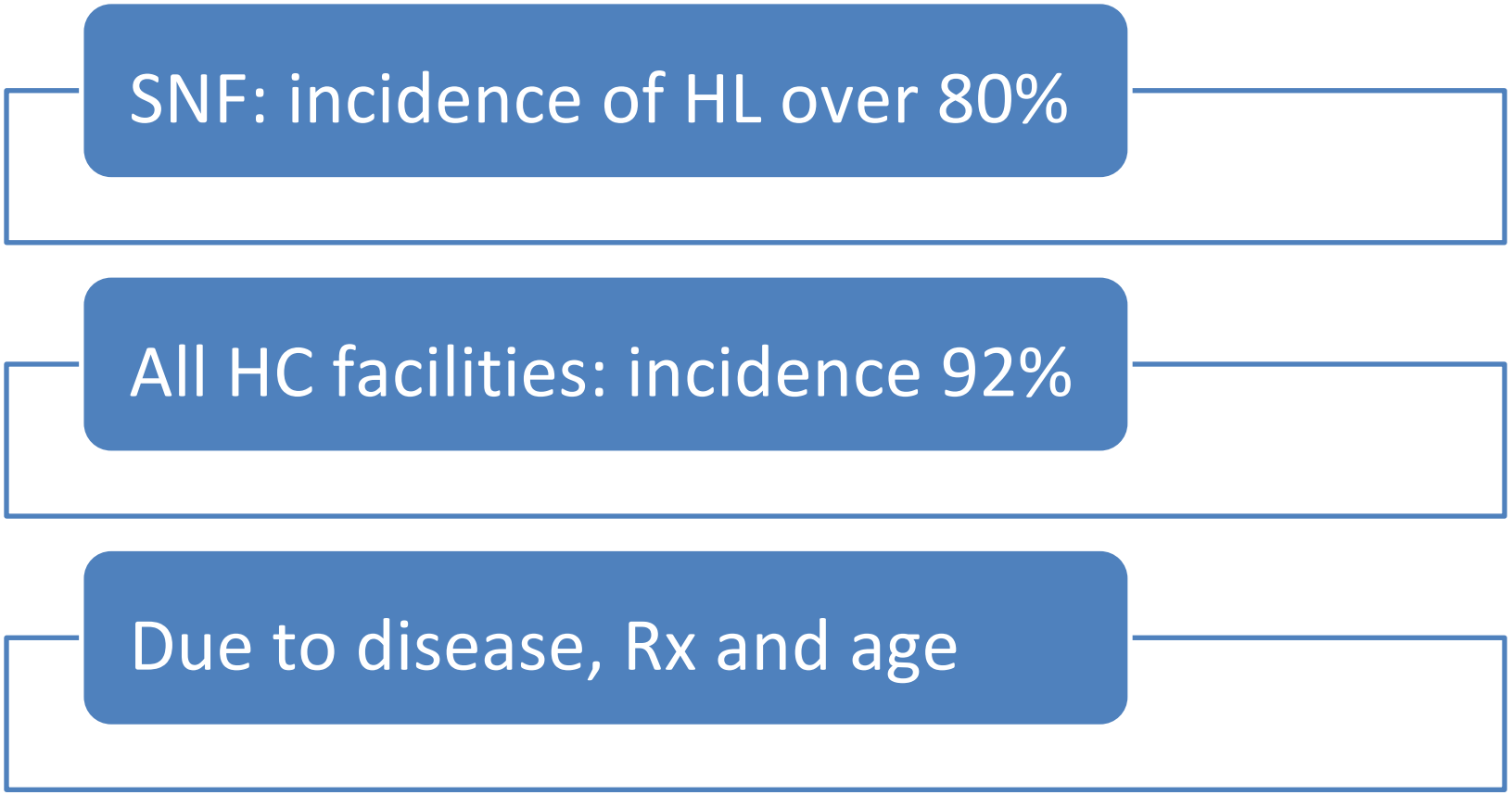
The Role of Audiology in SNFs

- High incidence of hearing loss
- Decreasing hearing must be monitored
- Training of staff in referral processes and taking care of hearing aids
- OBRA requirement for hearing to be assessed
- Improves quality of life
- 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.

The 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.

Rules to include audiology

- Hearing screening and referral for audiology services or medical management should **occur within the first 2 weeks of entry into the long-term care system** (OBRA, 1987). The referral can be made by hospital discharge planners, intake personnel, nurses, social workers, **speech-language pathologists, audiologists,** physicians, or home health care providers. The screening results and any referrals should be documented in the resident's medical record.

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

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)

Considerations for hearing evals

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

- Daily checks of hearing aids, batteries, wax guards
- 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

Hearing Loss

- Strokes: CVA
- 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

Alzheimer's Disease	Hearing Loss
Depression, anxiety, disorientation	Depression, anxiety, feelings of Isolation
Reduced language comprehension	Reduced communication ability
Impaired memory (esp. short term)	Reduced cognitive input
Inappropriate psychosocial responses	Inappropriate psychosocial responses
Loss of ability to recognize	Reduced mental scores
Denial, defensiveness	Denial, heightened defensiveness, negativity
Distrust and suspicion regarding other's motives	Distrust and paranoia (belief that others may be talking about them)

Symptomatic similarities of cognitive issues and untreated hearing loss

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

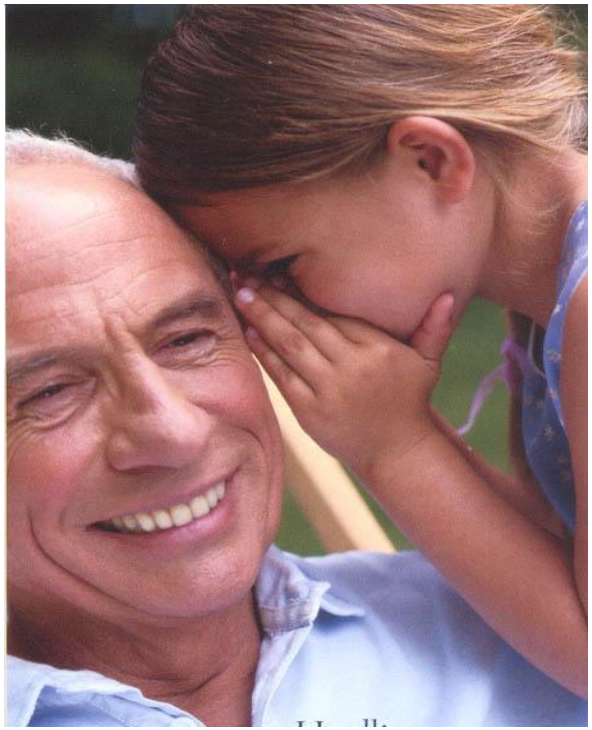
Effects of Untreated Hearing Loss

- 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 Rx that are ototoxic
- ***Always refer on admission!*** Population of 80% incidence of hearing loss must be tested and monitored



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