

Division of Services for the Deaf and Hard of Hearing

Suggested questions related to hearing loss for residents, caregivers and families

1. Does the resident recognize that he or she has hearing loss?
 - a. If yes, does resident believe that his or her hearing loss is severe enough to warrant intervention (i.e. hearing aids or other accommodations)?
 - b. If no, does the family think the resident has hearing loss?
2. Does the resident use hearing aids?
 - a. If yes, how often (all-day, a few hours a day, a couple of times a week, seldom)?
 - b. Has the experience been positive?
 - i. If not, why not? What could make the experience better?
3. Does the resident have a barrier to using hearing aids?
 - a. If yes, identify the barrier (financial, health, cerumen [ear wax] build-up, hearing aid user skills, etc.)
4. Has the resident used hearing aids in the past, but not currently using them?
 - a. If yes, was the experience positive or negative?
 - i. For either negative or positive experiences, have them explain why:
5. Does the resident own non-functioning hearing aids?
 - a. If yes, do they have them at the facility?
 - i. Can he or she explain why they don't work?
 - ii. Are the hearing aid(s) still covered under a service warranty?
 - iii. How old are the hearing aid(s)?
 - iv. Could a local provider repair the hearing aid(s)?
 1. If so, does the resident have the financial capacity to pay for repair?
6. Does the resident currently use a personal amplifier?
 - a. If yes, in which environmental settings does he or she use it? i.e. dining with others, when visiting with others, to listen to the television and or radio, to visit with the doctor, etc.
7. Is the resident socially outgoing with other residents or long-term care staff?
 - a. If no, was the resident a socially outgoing person earlier in adulthood?
 - i. If yes, what changed?
8. Is resident able to fully participate in activities at long-term care setting facilities?
 - a. If no, what is the barrier?
 - i. Is it a communication-based barrier i.e. too much environmental noise, hearing aid does not help, lack of quiet settings at facility, etc.?
 - ii. If yes, what can be done to facilitate participation? i.e. use of personal amplifier, use of assistive listening system, use of speech to text.
9. Does the facility have an Assistive Listening System (FM, Infra-Red, Radio Frequency) in auditoriums or theatres on site?
 - a. If yes, Is the use of the system promoted to residents and their families for use?
 - i. Is there signage posted that identifies that the facility has this accommodation?
 - ii. Are amplifiers offered by staff for use, or are they set on a table at the entrance of the room to be taken and used as needed?

- b. If yes, Is the system set up and ready to be used for each group or activity (i.e. transmitter and receiver(s)) charged?
- 10. Does the facility have sound absorbing systems (materials) set up in facility meal rooms, activity spaces and auditoriums where sound reverberation can be a problem for people with hearing loss e.g. sound paneling, carpeting etc.?
 - a. If no, is the facility aware of how to obtain these systems (materials) to make improvements?
- 11. Does the facility have several personal amplifiers that can be used by residents during meals, activities, meetings?
 - a. If yes, is the use of the personal amplifiers promoted to residents and their families for use?
 - i. Is there signage posted that identifies that the facility has this accommodation?
 - ii. Are amplifiers offered by staff for use, or are they set on a table at the entrance of the room to be taken and used as needed?
 - b. Are the personal amplifiers in working condition, i.e. charged, batteries replaced as needed, sanitized after use?
- 12. Is the resident able to fully participate in care planning meetings and decide what would happen with their healthcare and living arrangements going forward?
 - a. If no, is there a hearing loss barrier that prohibits this?
 - i. If yes, would he or she be able to participate more fully with a hearing aid, personal amplifier, American Sign Language interpreter or Communication Access Realtime Translation (CART)?
- 13. Does the long-term care facility screen resident for hearing loss?
 - a. If yes, does this happen in the first 14 days after admittance and how often does it occur after that?
 - b. If yes, is the screening tool an interview, questionnaire, hearScreenUSA Screening App, screening using an audiometer, or referral to audiologist or hearing aid dispenser?
- 14. Do you notice resident becoming withdrawn from participating in activities or mealtimes with other residents i.e. requesting to eat meals in own room?
 - a. If yes, does he or she appear to be more depressed?
 - i. If yes, have you tried a personal amplifier to see if that improves participation or have you referred out for a hearing screening?
- 15. Has resident complained of feeling fatigued when using hearing aids during activities and during mealtimes with other residents?
 - a. If yes, has he or she been scheduled to see an audiologist or hearing aid dispenser to identify if the hearing aids need to be adjusted?
- 16. Is it challenging for the resident to communicate with Doctors, Nurses, CNA's or other staff for 1:1 meetings?
 - a. If yes, what seems to be the greatest challenge with communication?
 - i. If he or she often misunderstands what is being said or seems to answer questions with responses that are not related to the topic of conversation, this could be due to hearing loss.

1. If hearing loss could be the issue, has the resident tried using hearing aids, a personal amplifier, an FM system, or captioning to communicate with the healthcare provider?
 - a. It is important to understand that a written summary of the meeting is vital to the understanding of what was said during the meeting.
17. Has the long-term care facility staff been accommodating of the hearing loss and do they seem to be trained in how to work with residents with hearing loss? For example:
- a. Do they know how to change hearing aid batteries?
 - b. Do they know how to insert hearing aids into resident ears?
 - c. Do they test hearing aid batteries to ensure they work?
 - d. Do they check residents' ears for ear wax buildup?
 - e. Do they have a storage of each size of hearing aid batteries to use as backups in the case that the resident's batteries run out?
 - f. When talking with a resident, does staff face the resident and stop multitasking for the duration of the conversation?
 - i. If not, have you suggested that the facility request training for staff in this area of expertise?
 1. A resource to consider would be to contact the Division of Deaf and Hard of Hearing Services to provide training.
18. Is the resident able to talk and hear on the phone?
- a. If no, and if they have a hearing aid, do they have a t-coil (telecoil) in the hearing aid?
 - i. If yes, does he or she know how to use a t-coil (telecoil) with the hearing aid?
 - ii. If no, can he or she read captioning on a television?
 - iii. If yes, a captioned telephone may be able to help them to follow conversations on the phone.
19. Is the resident able to hear words on the TV in Resident's room and common area?
- a. Resident's room
 - i. If no, is closed caption set up on the TV in personal room?
 1. If closed captioning is not an option because of consumer preference
 - a. Has consumer tried any of the following options
 - i. Bluetooth, FM, Infra-Red, or Radio Frequency headphones or earbuds made for the TV
 - ii. Hearing Assistive Technology made for resident's specific hearing aid(s)
 - iii. Personal inductive loop
 - b. Common Area Televisions
 - i. If no, is closed caption set up on the TV in common areas?
 1. All televisions in common areas should be set up with closed captioning considering that eighty percent of residents in long term care settings have hearing loss.