

## OASIS Alert

### LISTEN UP: 3 TIPS WILL GIVE VOICE TO PATIENTS' HEARING LOSS

Take control of patients' environments to reveal auditory problems.

Just because your patients are elderly doesn't mean that hearing loss is inevitable. But if you aren't diligently checking for auditory problems, they could slip through the cracks -- and what was a temporary problem could lead to irreversible damage.

OASIS C sets you off on the right track.

Before, clinicians had to sort out ability to hear and understand in general versus the ability to hear and understand in the patient's own language all in one complicated item (M0400).

Now, you have two items (M1210 and M1220) that allow for more specificity and less confusion in tracking patients' hearing ability at start of care and resumption of care, points out **Jennifer Stearns**, a regulatory consultant based in Miami.

Unfortunately, this doesn't make it any easier to deduce whether a patient is hard of hearing or if the patient's hearing has changed. For instance, M1210 (Ability to hear [with hearing aid or hearing appliance if normally used]) instructs you to respond 0 (Adequate) if a patient can hear normal conversation without difficulty, but it doesn't define what normal conversation is, Stearns notes.

Similarly, you should mark a patient as 1 (Mildly to Moderately Impaired) if he has difficulty hearing in "some environments" or needs the speaker to "increase volume or speak distinctly." However, not being able to hear well in a noisy, crowded environment isn't an indicator of hearing loss, says **Sarah Newcomb**, compliance director for **First Choice Home Health** in Durham, N.C.

#### Don't Let Distractions Muddy Your Results

No clinician can perform an assessment in perfect conditions, which means you'll likely miss a few warning signs that a patient's hearing is beginning to decrease -- unless you do some work upfront, Newcomb says.

Good idea: Newcomb trains her staff on how to create a "control environment -- or as close as they can come to a control environment" in each patient's home. This allows workers to get a more accurate measure of patients' hearing ability and clear up some confusion. For instance, before each assessment for M1210, Newcomb's staffers automatically:

- 1) Turn down the television or radio.

Often, patients prefer to listen to the television and radio at loud volumes. They become so used to the increased volume that everyone adjusts their speaking voices to compete with the noise.

Therefore, your patient "may seem to have some hearing loss when there is none," Newcomb says. When you turn down the volume of any competing noise, you'll find out whether the patient is hard of hearing or simply used to those around her speaking loudly.

Note: You don't have to turn the television off, especially in homes where the television or radio is always on, Newcomb notes. You want the environment to be closer to ideal, but you also want to get a reading on how patients are doing in their normal environments.

- 2) Ask family members to speak in quieter voices and cease any gestures. Your patients' family members are used to

stepping in to help their loved one. You may find that they repeat your questions in a louder voice -- or just speak in loud voices period -- or make gestures to help the patient better understand what you're asking, Newcomb says.

Explain to family caregivers that you need to find out exactly what the patient can hear in order to best help him. Ask them to lower their voices while you assess hearing, and to cease any hand and body movements, Newcomb advises.

**Important:** Let them know that once you have an accurate grasp of the patient's hearing ability, they can resume their normal speaking voices and extra help.

3) Minimize distractions. When you're working in a patient's home, you're going to run into distractions that may steal the patient's attention and make it seem that he or she can't hear you, such as a beloved pet, a window that shows the neighbors' comings and goings, or ringing telephones.

Try to eliminate these distractions when you can. For instance, you could ask that the pet be put outside or in a kennel, draw the curtains on that window, or put another family member in charge of the phone while you perform the assessment, Newcomb suggests. This way, you know you have a better chance at keeping the patient's undivided attention.

Next steps: Make sure you share with the patient and her caregivers if you notice an improvement in hearing after making these environmental changes. You may be able to convince a patient to turn her television down if she knows that doing so will keep her from needing a hearing aid.

Likewise, a caregiver may learn that the patient is more focused at certain times of the day (such as before the neighbors come home from work) and can make adjustments to take advantage of those times.

Bonus tool: If you aren't sure whether a patient has a hearing impairment, try using the "Brief Hearing Loss Screener" on page 79. If you're convinced there's a problem, make sure you share your concerns with the patient's primary physician.