



The Role of the Visiting Audiologist in AL Facilities

Dr. William Grimm

An audiologist is a critical component of the care team who needs to be accessible to persons living in assisted living (AL) centers or skilled nursing facilities (SNFs) because hearing loss is the most common chronic condition among the mature adult population.

A study by the National Council on Aging has found that hearing loss is the second most common chronic condition in the United States. And if left untreated, hearing loss will lead to serious emotional and social issues such as anger, frustration, depression, loneliness, and isolation.

Persons living in AL facilities who cannot hear are not able to communicate. They tend to stay in their rooms, feeling lonely and isolated, becoming depressed, and finding their world shrinking.

Unfortunately, far too many audiologists sit in their clinics waiting for the hard-of-hearing to visit them for a scheduled appointment. But in today's society, convenience is a highly valued commodity for all consumers, especially healthcare consumers.

When it comes to elderly residents of AL centers, it is a hardship for family members and other caretakers to arrange transportation to take the patient to a clinic. What makes far more sense, in today's mobile society, is for the audiologist to visit the AL facility or skilled nursing facility to screen for hearing loss or provide care to hearing-impaired persons.

My practice as a board-certified audiologist spans more than a quarter century, but the most significant changes have occurred in the past year when I have taken the steps to have a mobile practice as an audiologist for Mobile Care Hearing, Inc., based in Flushing, Michigan. Because of advances in medical technology, I can now provide a hearing exam in these off-site settings that matches the quality of the exams I provide in my clinic.

The portable, mobile equipment we use includes a laptop, a tympanometry to evaluate the eardrum mobility and how well the three bones in the middle ear vibrate, an audiometer for the hearing test, live speech mapping to verify fittings, and an earmold scanners. On-

site we can scan an impression and input the data onto the laptop, and then send the scan and information via a wireless Internet connection to our facility in California so work can begin immediately to manufacture and fit a hearing aid specifically sculpted for the patient.

Not only is it important to educate family members about interacting with hearing-impaired elders, but it is also critical to educate staff members. I regularly conduct in-service training for AL staff members. It is easy

for staff to assume an elderly person behaving in a confused manner is suffering from Alzheimer's or dementia when the cause really is a hearing loss. Staff need to learn the same techniques that I teach to family members. Armed with specific knowledge, staff are able to better communicate with patients, provide improved care, and recognize when a hearing loss exists.

When I give in-service training, nursing staff, nurse's aides, social services directors, and others know much of what I share with them but most often they are surprised how

involved a hearing loss can be. Knowledge about hearing impairment is important when you consider that 30% of persons older than 65, 45% of persons older than 75, and 90% of persons 80 and older have a hearing loss.

No one, older or younger, wants to admit having a hearing problem. Most people will live with a hearing loss for 7 years before receiving an initial exam because they are in denial. There is no stigma attached to having to wear glasses, but most people struggle with the stigma attached to wearing hearing aids.

That's why a good part of my time as an audiologist is spent informing people about the advances in hearing aid technology. Hearing devices are so small today they can be worn like jewelry or are small enough to be almost invisible. Some devices have remote controls that can be hidden in a pocket where they can be operated to raise or lower volume or get rid of unwanted background noise. Elderly patients are no different in this regard than young professionals—appearance is important to all of us.

Visits to AL centers and SNFs are becoming an in-

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creasingly significant part of my practice. Typically I spend 1 or 2 days a week providing scheduled visits to off-site patients.

An underappreciated aspect of these off-site visits is the support I get from my staff members back at the clinic. This type of care often generates paperwork for Medicare and Medicaid reimbursement, and I am blessed with skilled workers at my Mobile Care Hearing clinics. They who process these tasks perform a yeoman's service for the patient, the family members, and me. Off-site care takes a team approach, and scheduling and billing are important functions to providing necessary and timely care.

Working with these off-site patients is personally and professionally very rewarding for me. It is wonderful to make a follow-up visit to a SNF or AL facility and see the smiling patient in the activities room playing cards with friends rather than hiding in a bedroom. It is rewarding to know that the patient is getting better care and improving medically because he or she can better communicate with doctors, dentists, staff

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members, and other caregivers.

Facilities that focus on providing care to help residents remain healthy and independent require contributions from many healthcare disciplines, including physicians, pharmacists, nurses, dentists, chaplains, physical and occupational therapists, social workers, and, yes, even audiologists. ALC

Dr. William Grimm, a board-certified audiologist, has been in practice for 27 years. Since 1992 he has directed the clinic now operated by Mobile Care Hearing in Lima, Ohio, and is now Vice President and Director of Audiology for Mobile Care Hearing, Inc. Mobile Care Hearing allows its customers to save time and money through high-quality testing by a professional audiologist performed at SNFs or AL centers. Mobile Care Group, Inc. (MCG) also offers vision, dentistry, podiatry, psychiatry, and optometry care services. Not only will they coordinate monthly on-site health care to senior communities, but they will also manage the entire process of billing Medicare, Medicaid, and private insurers. For more information, visit www.mobilecaregroup.com.

Keeping Dementia Residents Safe

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ability to cope with another resident or cooperate with staff may be diminished. Also, sudden changes in behavior may be the only sign

that a dementia resident has an acute medical condition, such as a urinary tract infection.

Keeping dementia residents safe

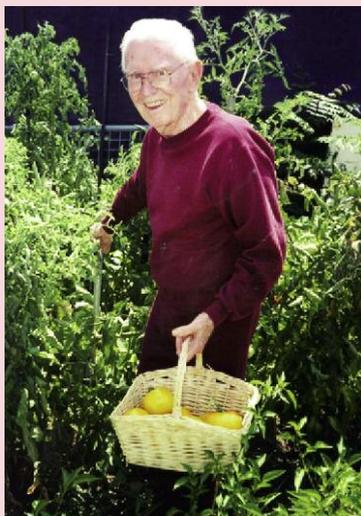
in AL can successfully be accomplished and provide an environment that offers freedom and dignity to these special residents. ALC

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Figure 3.
Silverado residents participate in yoga classes.



Figure 4.
A Silverado resident works in the garden.



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