

Improving shared decision-making in patients with hearing impairment in difficult listening situations

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Background

Blustein et al.¹ highlighted the challenges hearingimpaired patients face in difficult listening situations. These situations include many healthcare settings, especially acute care settings.

Receptive communication deficiency limits capacity for shared decision making, particularly in vulnerable patients. This poses a substantial risk to patient care. Hearing loss is also independently associated with accelerated cognitive decline².

Objectives

- To establish the availability of Personal Assistive Listening Devices (PALDs) in audiology departments across the United Kingdom.
- To identify current practices of different NHS Trusts.

Methods

Telephone survey of 14 English and Scottish Audiology departments.

Results

11 out of the 14 trusts included have PALDs available (**Figure 1**). The varied types of PALDs and practices of the centres were documented (**Table 1**).

Some units, including prominent centres for otology, offer hearing aids to such patients, but typically these aids are received well after discharge and fail to help patients as they navigate the communication complexities of their acute admission³.

The study also detected several barriers to consistent supply, including the initial cost of devices, reports of their frequent disappearance after being loaned, and concerns about infection control.

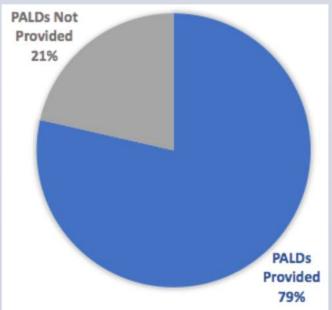


Figure 1 Proportion of centres with PALDs provided in difficult listening settings.



Picture 1 Example of a PALD (Sarabecs)

Table 1 Survey results of 14 trusts reporting availabilities, types of PALDs and current practices.

Hospital NHS Trust	Devices and Current Practice
Eng	land
South Tees Hospitals NHS Foundation Trust	Sarabecs (currently lost)
North Cumbria University Hospitals NHS Trust	Hearing aids arranged prior to discharge
City Hospitals Sunderland NHS Foundation Trust	Hearing aids arranged prior to discharge
County Durham and Darlington NHS Foundation Trust	Sarabecs
Cambridge University Hospitals NHS Foundation Trust	None
Plymouth Hospitals NHS Trust	Minitech communicators on every ward
Nottingham University Hospital NHS Trust	Echotech personal listeners and personal loop systems
University College London Hospitals NHS Foundation Trust	Pocket talkers
Blackpool Teaching Hospitals NHS Foundation Trust	Bone conduction hearing aids and communicators
Scot	land
NHS Greater Glasgow and Clyde - New Victoria	Puretone or bone conduction hearing aids
NHS Greater Glasgow and Clyde - Gartnavel General	Sarabec
NHS Tayside	Connevans communicators
NHS Grampian	Powerdome
NHS Forth Valley	Connevans

Discussion/ Conclusion

The availability of communicators to patients during their admission to acute medical wards is inconsistent, and to some extent, dependent upon colocation of audiology departments with emergency medical assessment units and on the acute medical team being aware of such facilities. Where audiology is off-site, communicators will only become available where receiving medical units have made independent provision.

We identified isolated examples of highly proactive supply, such as Plymouth Hospitals NHS Trust, where assisted hearing devices are available on every ward. A minority of other audiology departments promote "deaf awareness training."³

We encourage all doctors whose patients have hearing impairments, or potential hearing impairments masked by cognitive decline, to develop the provision of devices in their department in conjunction with their local audiology lead.

References

- 1. Blustein J, Weinstein B, Chodosh J. Tackling hearing loss to improve the care of older adults. BMJ. 2018 Jan;360:k21. 2. Lin FR, Yaffe K, Xia J, et al., Health ABC Study Group. Hearing loss and cognitive decline in older adults. JAMA Intern Med 2013;173:293-9.
- 3. Mather MW, Dawe N, Wilson J. Inconsistent availability of hearing aids during acute admission. BMJ. 2018 May;361;k1944.

Picture 1: Hearing Direct. Sarabecs Crescendo 60/1 Personal Amplifier. 2017.