

Hospital Access for Hard of Hearing and Late-deafened Patients

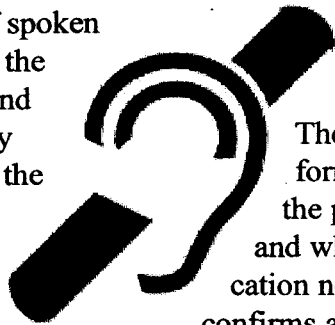
By Carol Granaldi, Nancy Kingsley, and Richard Herring

Hearing loss is extremely common, affecting 28 million Americans, of whom 26 million are hard of hearing, 1.5 million late-deafened (deafened after the acquisition of spoken language and raised in the hearing community), and half a million culturally Deaf (deafened before the acquisition of spoken language and communicating primarily in American Sign Language).

All too often, people are inclined to think of the term "Deaf" as encompassing all degrees and kinds of hearing loss, and they believe that sign language interpreting is the appropriate communication modality for everyone. However, most hard of hearing and late-deafened patients do not know sign language and they therefore require other forms of communication access.

Generally, people who are culturally Deaf need sign language interpreters; people who are hard of hearing need assistive listening devices (ALDs), and people who are late-deafened need captioning. (Many people who are severely hard of hearing or have cochlear implants can use assistive listening devices in some settings but require captioning in others.) Since most hard of hearing and late-deafened people do not under-

stand sign language, health care providers should observe the procedures outlined in this article to ensure that these patients are able to communicate effectively during their hospital stay.



The hospital admission form should ask whether the patient has a hearing loss and what his or her communication needs are. If the patient confirms a hearing loss, an identifying sticker with the symbol for hearing loss (a slash through the ear) should be placed on the file next to the patient's name. One-inch stickers are available in rolls of 1000 from Self Help for Hard of Hearing People, Inc. (SHHH) at the address given below.

The hospital should have brochures describing services and equipment available for people with hearing loss, such as captioned TV, amplified hearing-aid compatible telephones, flashing phone alerts, TTYs, and one-on-one communicators such as Pocketalker, Sound Wizard, or a personal FM system. One-on-one communicators should be provided in the admissions and emergency departments and there should be an assistive listening system for group presentations.

A card with the international hearing loss symbol should be placed

on the patient's door, and the symbol should also be on the patient's wristband, over the patient's bed, on all medical records, and on a note placed on the intercom at the nurses' station reminding nurses to speak directly to the patient rather than via intercom.

It's important to realize that an incoming patient may not admit to a hearing loss or may not be aware that he/she has one, but hearing loss should be suspected when there are inappropriate responses or requests to repeat the questions. When this happens, the methods described below regarding effective communication with a hard of hearing or late-deafened patient should be followed, to ensure that there is no miscommunication.

Information should be delivered directly to a hard of hearing or late-deafened patient rather than via the intercom, and from close up rather than at a distance. Staff members should ensure that the lighting is adequate for speech reading (avoiding lighting from behind, which creates shadows on the face), get the patient's attention, face him or her, speak slowly and clearly (without shouting), and rephrase misunderstood sentences. It may be advisable to turn off the TV or radio when talking to the patient. Essential information (such as instructions about medications, procedures, diagnosis, and prognosis) should be written

down in large, clear lettering. Any instructional videotape a patient is expected to watch relevant to his/her surgery or treatment should be captioned. If it isn't, a printed text of the videotape dialogue should be provided.

When summoning a hard of hearing or late-deafened person in a waiting room, a staff member should go over to the person rather than calling his or her name. To indicate to a hard of hearing patient when to hold his or her breath for X-rays, the radiology technician can flash a light. Special arrangements, such as hand gestures, may need to be made for communicating with a patient who is having a procedure involving the eyes.

The staff needs to be aware that a patient who wears hearing aids will not be able to hear after removing them for the night. If the patient is not able to manage his/her hearing aid, staff members should remove it every night (turning it off to prevent battery drainage) and insert it in the morning. Unless the patient desires otherwise, there should be some dim lighting after the room is darkened at night, so the patient can see anyone approaching.

The surgeon and the anesthesiologist should be informed that the patient has a hearing loss and may be unable to understand surgical staff members who are wearing masks because the patient will be unable to speechread (lipread). Any necessary information and instructions should be provided before the masks are donned. The patient should be allowed to wear

a hearing aid (or use an assistive listening device when applicable) in the operating room if possible. Otherwise, the hearing aid should be placed in a sealed bag labeled with the patient's name and room number and returned to the patient as soon as possible afterwards. Under emergency conditions, if the patient is wearing hearing aids that need to be removed, secure them for return later. The hospital is responsible for the safe return of the hearing aid and should have a means of storing and protecting it against loss or breakage.

A nine-minute videotape titled "I Only Hear You When I See Your Face" is available for use to familiarize staff with the needs of patients who are hard of hearing or late-deafened. The videotape is carried in the SHHH publications catalog and can be ordered from SHHH, 7910 Woodmont Ave., Suite 1200, Bethesda, MD 20814, phone 301-657-2249, fax 301-913-9413, web site <http://www.shhh.org>. In addition, the NJ Division of the Deaf and Hard of Hearing can be contacted at 1-800-792-8339 (fax: 609-984-0390) to request a speaker to present a "Sensitivity to Hearing Loss" Workshop to hospital staff.

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