

19 September 2016

Dear Lin,

Audiology Australia response to Integrated Emergency Care for Older People (IECOP) Briefing Notes

Thank you for the opportunity to respond to the IECOP Briefing Notes via AHPA. Audiology Australia is the peak body representing 2500 audiologists in Australia.

In 2006, it was estimated that one in six Australians suffer from hearing loss with this figure expected to rise to one in four Australians by 2050. Amongst older Australians the prevalence of hearing loss increases to as much as one in two¹.

Audiology Australia (AudA) supports the overall sentiment of the Briefing Notes. In particular, AudA welcomes the development of 'older person friendly' Emergency Departments (EDs) that improve the acoustic environment and provide assistive listening devices, thereby improving communication with clients and avoiding unnecessary additional stress. Indeed, such relatively simple and low-cost measures can be taken to improve the acoustic environment of all EDs, not only that specialise in providing care to older people.

In addition to the professional development needs for medical and nursing staff listed in the Briefing Notes, basic training in identifying people who may have a hearing loss should be addressed. This training should include basic maintenance of hearing aids and assistive listening devices, e.g. how to ensure that a hearing aid is fitted appropriately and switched on. This will not only improve communication with the client and reduce client stress, but may also improve the quality of information from the client regarding their current and historical medical needs.

Audiologists are rarely on-staff in EDs, but instead work in outpatient clinics. Many of the diagnostic procedures that audiologists perform require an acoustically controlled environment and-or specific equipment. Therefore, clients most often must be referred to the audiology clinic (as inpatients or outpatients) for an initial assessment before referral to an Ear Nose and Throat Surgeon (ENT), rather than being assessed onsite in the ED. However, audiologists may be called to the ED to, for example:

- Assess whether or not implantable and non-implantable hearing devices are functioning following head injury; or
- Provide assistance with assistive listening devices, as well as implantable and non-implantable hearing devices.

Audiologists can assist in the diagnosis of patients presenting with dizziness/vertigo but no other signs of central/neurological dysfunction during their screening examinations. Furthermore, all patients presenting with sudden onset hearing loss should receive a hearing test from an audiologist as soon as possible. Delays in identifying patients with sudden hearing loss (also known as sudden sensorineural hearing loss- SSNHL) and subsequent referral to an ENT can result in the time-frame during which SSNHL can be treated being missed.

It is therefore imperative that all ED staff have an understanding of the role audiology staff play in the diagnosis of hearing, balance, auditory processing and neural function and understand when to request their services.

Please do not hesitate to contact me if you have any questions regarding this response.

Kindest regards,



Tony Coles, CEO

¹ Access Economics. Listen Hear! The economic impact and cost of hearing loss in Australia. 2006.