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SUBMISSION:

Royal Commission into Aged Care Quality and Safety – Counsel Assisting

November 2020

SUBMISSION FORMAT

Audiology Australia's (AudA) submission consists of the completed *Form for responding to Counsel Assisting's final submissions* template as well as this additional document and is submitted in line with the Royal Commission into Aged Care Quality and Safety's submission criteria.

This document addresses specific concerns raised by our members in regard to the provision of hearing services in aged care facilities and includes AudA's recommendations to the Counsel Assisting as to how to address some of the current challenges in this area.

A complete list of references is provided at the end of the document.

CERUMEN MANAGEMENT IN AGED CARE

Our members have raised the concern that cerumen (earwax) management is a significant issue that is currently inadequately addressed in the aged care setting. AudA has been made aware of instances where aged care clients have been diagnosed by an audiologist with cerumen impaction and have waited for several weeks and/or months for treatment by a general practitioner or specialist.

We note that cerumen impaction is a hearing health issue that commonly affects this population group and impacts on communication and hearing aid use. If not properly addressed in a timely manner, aged care residents may experience prolonged hearing loss, which has been linked to cognitive decline and an increased risk of social isolation, loss of autonomy, depression, and dementia.

AudA notes that cerumen management should be considered one of the priorities in addressing the hearing health care needs of clients in aged care facilities. Our members have noted that a full service, no fee, mobile Ear Nose and Throat (ENT) specialist unit is ideally required to address this health issue in the aged care setting.

WORKING SPACE FOR ALLIED HEALTH PROFESSIONALS

AudA strongly recommends that a formal requirement be introduced for aged care facilities which requires an appropriate professional working space to be made available for allied health professionals in order for them to be able to conduct their work.

Our members have provided accounts of having to deliver hearing services in inappropriate room settings at aged care facilities. For example, we are aware of one

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member who was asked to provide hearing services either in the facility's dining room, which had limited wheelchair accessibility, or in the facility's hair salon. We note that members have raised concerns of having to spend considerable amounts of time rearranging furniture and searching for power points and extension leads in order to deliver hearing services.

We therefore consider that a formal requirement is necessary which mandates that aged care facilities provide an appropriate working space for allied health professionals. This will ensure that health services can be delivered in a suitable and safe environment within the aged care setting and also promote the safety of both the client and allied health professional.

HEARING SERVICES PROGRAM

The Australian Government's Hearing Services Program (HSP) provides a range of services to people with hearing difficulties who meet their eligibility criteria, including people receiving aged care services.

In AudA's view, the HSP model of service delivery does not sufficiently address the hearing health care needs of older people within aged care and especially those with complex hearing needs. The HSP does not provide any funding for home visits, group training or training of aged care staff. It does not fund loop systems, acoustic modifications and has limited funding support for assistive listening devices.

By contrast, aged care providers can assist people to access specialised equipment to support assisted listening devices such as audio induction loops and provide assistance with maintaining hearing aids, which includes staff training. However, these services are offered at the discretion of the provider and may attract additional fees.

Under the Community Service Obligation (CSO) component of the HSP, people with hearing loss and severe communication impairment that prevents the person from communicating effectively in their daily environment or is caused or aggravated by significant physical, intellectual, mental, emotional or social disability are eligible to receive specialist hearing services. These specialist hearing services are available for clients of the HSP who need additional assistance to manage their hearing loss and communication. The statutory body Hearing Australia is the sole provider of these services, which may include access to a broad range of fully subsidised hearing devices, communication training, ongoing services and support to assist clients with their hearing loss.

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The CSO criteria suggests that many elderly people with complex health needs are eligible to receive specialist services because of their disabilities that impact communication. However, it is AudA members' experience that most service providers do not utilise this potential referral option when providing services to clients in nursing homes. As there is only one provider of specialist hearing services under the HSP, eligible clients who see audiologists in private practice cannot receive this funding.

AudA therefore recommends that the HSP model of service delivery be reviewed to better address and accommodate the hearing health care needs of older Australians within aged care, particularly those with complex hearing needs.

We also recommend that service providers utilise the referral option under the CSO component of the HSP that enables clients with complex needs in residential aged care to access specialist services.

DEMENTIA AND THE HSP

AudA members report that they are encountering or experiencing challenges with providing hearing services to people with dementia and/or cognitive issues.

For instance, to access services under the HSP, clients are required to complete an online process to determine their eligibility. However, this process presents difficulties for clinicians who visit clients who have dementia in nursing homes and, due to their condition, are unable to complete the necessary details. These clients may often lack family assistance or have a power of attorney in place.

AudA members also report that the HSP does not provide for a practical assessment process for people with dementia who cannot follow a modified/simplified pure tone audiometry protocol. These clients appear to have hearing loss but cannot be tested. This causes difficulties with families who want their family members' hearing health care needs addressed.

We note that it is important that there be provision for flexible service delivery in situations where a person has a likely need for hearing services but due to cognitive or memory loss, they are unable to complete practical details such as filling out the eligibility form.

In AudA's view, it is clear that a different service delivery model is required for hearing health care services in residential aged care and that the HSP needs to recognise these different requirements and change its funding arrangements so that practitioners are

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able to deliver services to this client group. Therefore, AudA recommends that the HSP review its current service delivery model and funding arrangement for hearing health care services in residential aged care to accommodate for the care needs of clients with dementia and/or cognitive decline.

EDUCATION/TRAINING OF AGED CARE WORKFORCE IN HEARING HEALTH CARE

The provision of hearing services by audiologists is only part of the solution to providing high quality hearing health care services within the aged care context. It is fundamental that staff who work in aged care have appropriate skills and knowledge in the management of hearing loss.

In AudA's view, what is needed is an aged care workforce that is skilled at communicating with people with hearing difficulties and providing care and maintenance of hearing health care equipment.

To help address some of these issues, AudA members have highlighted the following strategies:

- using individual hearing and communication plans for clients with hearing difficulties;
- consulting and educating staff and carers on a client's abilities and needs, and communicated in a way that is clear and easy to understand and enables clients to exercise choice;
- adopting a common routine for the care and maintenance of hearing aids. For instance, members provided examples of nursing homes that used the strategy of removing the hearing devices at bedtime and storing them centrally and labelling with some form of identification;
- having a staff member coordinate services and support for clients with hearing; and
- having evaluation mechanisms to gauge the success of hearing health care treatment and support.

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REFERENCES

Bott A, Meyer C, Hickson L & Pachana NA (2020) "It's Huge, in a Way." Conflicting Stakeholder Priorities for Managing Hearing Impairment for People Living with Dementia in Residential Aged Care Facilities, Clinical Gerontologist, DOI: 10.1080/07317115.2020.1805537

Burns J & Thomson N (2013) Review of ear health and hearing amongst Aboriginal Australians. Australian Aboriginal HealthInfonet 15

Hayne M & Fleming R (2014) Acoustic design guidelines for dementia care facilities. Proceedings of 43rd International Congress on Noise Control Engineering: Internoise 2014:1-10. Australia. Australian Acoustical Society.

Lin FR & Albert M (2014) Hearing loss and dementia - who is listening?. Aging Ment Health. 18(6):671-673. doi:10.1080/13607863.2014.915924

Livingston G, Huntley J, Sommerland A, Ames D, Ballard C, Banerjee S, Brayne C, Burns A, Cohen-Mansfield J, Cooper C, Costafreda SG, Dias A, Fox N, Gitlin LN, Howard R, Kales HC, Kivimäki M, Larson EB, Ogunniyi A, Orgeta V, Ritchie K, Rockwood K, Sampson EL, Samus Q, Schneider LS, Selbæk G, Teri L & Mukadam N (2020) Dementia prevention, intervention, and care: 2020 report of the Lancet Commission. The Lancet, 396 (10248), 413-446.

Livingston G, Sommerland A, Orgeta V, Costafreda S, Huntley J, Ames D, & Mukadam N (2017) Dementia prevention, intervention, and care. The Lancet, 390 (10113), 2673-2734.

Morley H, Panak V, Mulders WHAM, Goulios H, Martini A, Langdon C (2020) Non-chewing diets and cerumen impaction in the external ear canal in a residential aged care population. Australas J Ageing. 39: 131– 136. https://doi.org/10.1111/ajag.12736

Sugiura S, Yasue M, Sakurai T, Sumigaki C, Uchida Y, Nakashima T, Toba K (2014) Effect of cerumen impaction on hearing and cognitive functions in Japanese older adults with cognitive impairment. Geriatr Gerontol Int. 2014 Apr;14 Suppl 2:56-61. doi: 10.1111/ggi.12251. PMID: 24650066.

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