

Hearing Healthcare in Long-Term Care Communities: A New Approach

By Janie York, Owner of Hear Now, Education Services and Hear Now, Mobile Hearing Solutions



Janie York shares her journey from her work as a nursing home activities director to entering the profession of hearing aid specialist. When York discovered that 85% of her long-term care residents could not take care of their hearing aids (the cleaning, the adjusting, replacing batteries), and neither could their caregivers—the seeds of two new business models were born: Hear Now, Mobile Hearing Solutions and Hear Now, Education Services. She turned the COVID pandemic access restrictions into an opportunity to provide additional mobile services and training to educate healthcare providers on the basics of hearing aid maintenance.

Read this continuing education article and take the quiz on page 57.



In the wake of the COVID pandemic, being engaged and informed is essential to the mental and physical well-being of seniors living in care communities such as nursing homes and assisted living facilities.

Hearing loss is on the rise as one of the most frequent chronic health conditions found in the elderly. Research has shown that the growing senior population is experiencing hearing loss at a higher rate, with hearing loss commonly linked to dementia and other cognitive issues.¹

Hearing aid ownership is common amongst residents in elder care facilities and the developmentally disabled. Unfortunately, the care partners in those communities have little or no training on the care and maintenance of these devices. This critical information gap can have negative impacts on the mental and physical health of some of the most vulnerable members of our communities. According to a study in the *Journal of Multidisciplinary Healthcare* in 2016, only one tenth of the staff working in nursing homes felt

that they had sufficient knowledge of hearing aids, yet 73% stated that residents had expressed a need for support with hearing aids and other hearing devices.¹ As someone who is sensitive to hearing loss due to my own experience, I saw a need for innovation in how we help our elders with hearing care.

MY WORK WITH THE ELDERLY

Beyond the education of nursing home staff, there are other missing pieces that limit how hearing care is provided. A major complication is that hearing loss in nursing homes is not a healthcare priority, leaving the processes outdated and the results underreported.² When I began my work with the elderly as an activity director (before I became a hearing aid specialist), I encountered many residents who owned hearing aids but were not using them. This led me to wonder what types of barriers they were encountering that would prevent them from wanting to participate in their lives more fully.

Over the years, I met with residents and listened to their frustration over ineffective and difficult-to-use devices. In researching resources in the Omaha, Nebraska, area, I found that hearing aid education and maintenance was an essential but missing piece of the routine care provided in these facilities. As a result, I witnessed hearing devices falling into

disrepair, or becoming lost or broken, which negates their sole purpose of improving communication for our elder and disabled community members. Seniors struggled with debris-filled hearing aids, unhealthy ears, and complications from devices in need of tuning and maintenance. Ultimately, hearing-impaired elders are stressed and exhausted by the

lack of skills within the staff to educate residents on hearing care and managing hearing aids, and a lack of tools or resources available to staff. When I surveyed healthcare workers working in long term care facilities, 87% wanted to learn more about hearing aids and hearing aid care.⁵ It was easy to see that overall, hearing care was not only difficult

moved on in my career to become a quality assurance coordinator, I applied this new approach with a new set of residents, and again saw those same positive results for another two years. This revealed a gap in services that could not be ignored.

My motivation to bring these valuable members of our society back into the conversation inspired me to become a licensed hearing aid specialist. In 2017, I developed Hear Now, Mobile Hearing Solutions to increase well-being for those with hearing disabilities and seniors living in care facilities. We provide personalized on-site hearing aid maintenance, education, support, and ear care for seniors with limited access to services, mobility issues, and those living in care communities.

One of my first clients was a 99-year-old woman living in an independent living community. She had stopped attending all activities and hardly communicated with her family, except in person. Once we fit her with hearing aids, she simply blossomed! She became active in her life again, participating in activities most of the day. Her family reported that our resident was so busy that they had to start scheduling their phone calls. This is our purpose.

Over the past five years, I have focused on a unique service-first model which allows me to focus on the needs of my clients. During my scheduled visits to long-term facilities, I service every brand of hearing aid model, no matter the origin. My small team has worked hard to build our brand throughout the Omaha area and has been able to

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amount of effort it takes for the very basic task of everyday listening.³ This constant effort to participate in this activity of daily living can be fatiguing, resulting in depression, anger, and confusion.⁴ I discovered that when seniors were unable to hear the world around them, they would disengage from their health care, their communities, their families, and the activities that improve their quality of life.

I found that there were many obstacles that made it difficult for residents to receive regular hearing services. Issues included limited transportation options, no or little access to their former provider, a

to make a priority, but minimally accessible to those who needed it most. Without regular and effective hearing care, damaging results are possible. Beyond the stressors of frustration with poorly functioning hearing aids and difficulty in communicating, hearing aids would become lost or damaged along the way.

As a result of these experiences, I tested a new approach to hearing care by providing our residents access to routine hearing aid checks, cleaning, and maintenance of hearing aids. This approach saw immediate positive results, which continued over four years. As I

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make tangible positive changes in the quality of life for elders and their families. This business has allowed me to focus on my passion, which is to help elders re-engage in the important social aspects of their lives, involving them in their healthcare, and providing caregivers and families the tools to give them back their independence.

OPPORTUNITIES AROUND

- Nursing homes in US serving **1.3 million** individuals.⁶
- Assisted Living communities in US serving **918,700** individuals.⁷
- Home health agencies in US serving **5,266,900** individuals.⁸
- Hospice agencies in US serving **1.55 million** individuals.⁹
- **1.28 million** individuals with intellectual or developmental disability in the US are provided long-term support through state agencies.¹⁰

We provide a full spectrum of customized services, including, but not limited to:

- routine care of hearing aids, minor repairs, ear examinations, and referrals for cerumen management;
- hearing tests at no additional cost for residents, families, and staff;
- hearing aid fittings and delivery;
- facilitating manufacturer repairs and warranties;

- non-warranty repair;
- education for residents, families, and staff on communication and use of hearing aids; and
- HIPAA-compliant record keeping.

A crucial component of our business is teaching essential hearing aid maintenance to staff in these communities, which helps mitigate lost, broken, or incorrectly used hearing aids. Our customer facilities save money, enrich the lives of their hearing-impaired residents and clients, and empower their staff and care partners with the confidence they need to provide much needed hearing care. Along with long-term support for our clients, we ensure the safety and security of our customers through HIPAA-compliant record keeping. In addition, I am a provider of Medicaid services, to ensure that all of my clients' needs are being met. Through this multidisciplinary team approach, we are transforming the way we provide hearing support in long-term care, assisted living, memory support, home health, and hospice communities.

We create a customized hearing care management protocol for each facility combined with a robust educational program. We also provide hearing tests with hearing aid dispensing, fitting, and education for residents, staff, and family members.

By the end of my first year in business, we had accumulated ten nursing facility clients. Each time we visit a facility, we see between 15 to 30 individuals, which adds up to an

average of 135 people a month. We have a contract with each facility and they pay us an agreed-upon hourly rate on a sliding scale of two-to-four-hours worth of work. We service their hearing aids, look in their ears, refer them for cerumen management, if needed, and contact the family when hearing aids are out of warranty. Sometimes a facility will find a hearing aid and they don't know who it belongs to. In that case, we look up the serial number and research the manufacturer and purchaser of the hearing aid for the facility.

Our solution is unique because it is completely mobile. We come to clients where they live. Multiple factors come into play that make it difficult for elders to go out for health care services. Hearing care is one allied health service that is currently not offered on a routine and comprehensive basis in elder care facilities. Our business model changes that.

My management philosophy is simple: make a difference in people's lives, and make a living while doing so. Putting people first is my passion, and I will always take time to listen and work with each community's team to create lasting solutions. By taking into account the needs of each unique community, I am able to adapt my services, providing the most positive and effective experience possible. I provide a comprehensive service, for an hourly fee, visiting the community once or twice a month depending on their

needs and available budget. Once I am under contract, I take care of all hearing care and hearing aid related issues and services. If an aid needs to be purchased or requires a non-warranty repair, I will assist in directing that process. I work in collaboration with a local audiologist for the times a resident's needs fall outside of my scope of practice.

Our recurring services offer continuous support, not just for the residents, but for the staff as well. These services give residents peace of mind and encouragement to use the tools that they have available to allow them to become more engaged in their community and in communication with staff, family, and friends. This reduces the burden on staff by giving them a heads up regarding potential ear health or hearing issues.

This is an original tool, and one that most facilities are unfamiliar with. We need to educate our

prospective facilities that when they must replace just one set of lost or damaged hearing aids (thrown in the trash, left on a food tray, disposed of in a napkin, or just hidden because of a lack of effectiveness) it can cost thousands of dollars, and can create an impossible burden on staff. The substantial cost savings and the peace of mind of knowing that the community is doing the best they can to keep their residents involved in their healthcare communications allows us to stand out as an essential service.

In addition to helping our clients save money, facilities can use our services as a marketing tool, informing families that they are providing a service that will improve quality of life for their loved ones. Understanding that making hearing care a priority is a benefit to everyone shows that this unique opportunity is something that should not be missed out on.

Another way my practice supports facilities is by addressing F-Tags before they become citations. F-tags are how state and federal agencies identify deficiencies within a community's performance. When nursing homes are surveyed, agencies look for how well the community complies with federal regulations. Therefore, knowing F-Tags and how they relate to the services you provide can add value for these communities as well.

Examples of F-Tags that a hearing aid specialist should be able to address include:

- ensuring residents receive proper treatment and assistive devices to maintain vision and hearing abilities,
- assisting the resident, planning and implementing care, protecting and facilitating the resident's right to communicate with individuals and entities within and external to the facility, and
- fully informing a resident in a language that he or she can understand.

It's important for us to educate our facilities on how we can serve them by meeting the requirements of these regulations, specifically through the services we provide. And share how our services helps them to be better equipped when the federal surveys come around.

During the quarantine we sold and assisted with the use of amplifiers, allowing our clients to communicate from a safe distance with their families and caregivers. These amplifiers

REFERENCES

- ¹ Lack of Ear Care Knowledge in Nursing Homes. Jorunn Solheim, Olga Shiryayeva, and Kari J Kvaerner. *Journal of Multidisciplinary Healthcare*. September 2016.
- ² The Reality of Hearing Care in Nursing Homes. Gordon Glantz. *The Hearing Journal*. May 2020.
- ³ *The Hearing Loss Experience*. Maggie Steffen. University of Nebraska at Omaha. August 2018.
- ⁴ What Hearing Impairment Measures Do Not Tell Us—But Self-Report Measures Do. Barbara Weinstein. *The Hearing Journal*. November 2015.
- ⁵ Hearing and Vision Care Provided to Older People Residing in Care Homes: a Cross-Sectional Survey of Care Home Staff. Wendy Andrusjak, Ana Barbosa, and Gail Mountain. *BMC Geriatrics*. (2021) 21:32.
- ⁶ <https://www.cdc.gov/nchs/fastats/nursing-home-care.htm>
- ⁷ <https://www.ahcancal.org/Assisted-Living/Facts-and-Figures/Pages/default.aspx>
- ⁸ <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/homehealthqualityinits>
- ⁹ <https://www.nhpco.org/hospice-facts-figures/>
- ¹⁰ <https://publications.ici.umn.edu/risp/2017/infographics/people-with-idd-in-the-united-states-and-the-proportion-who-receive-services>

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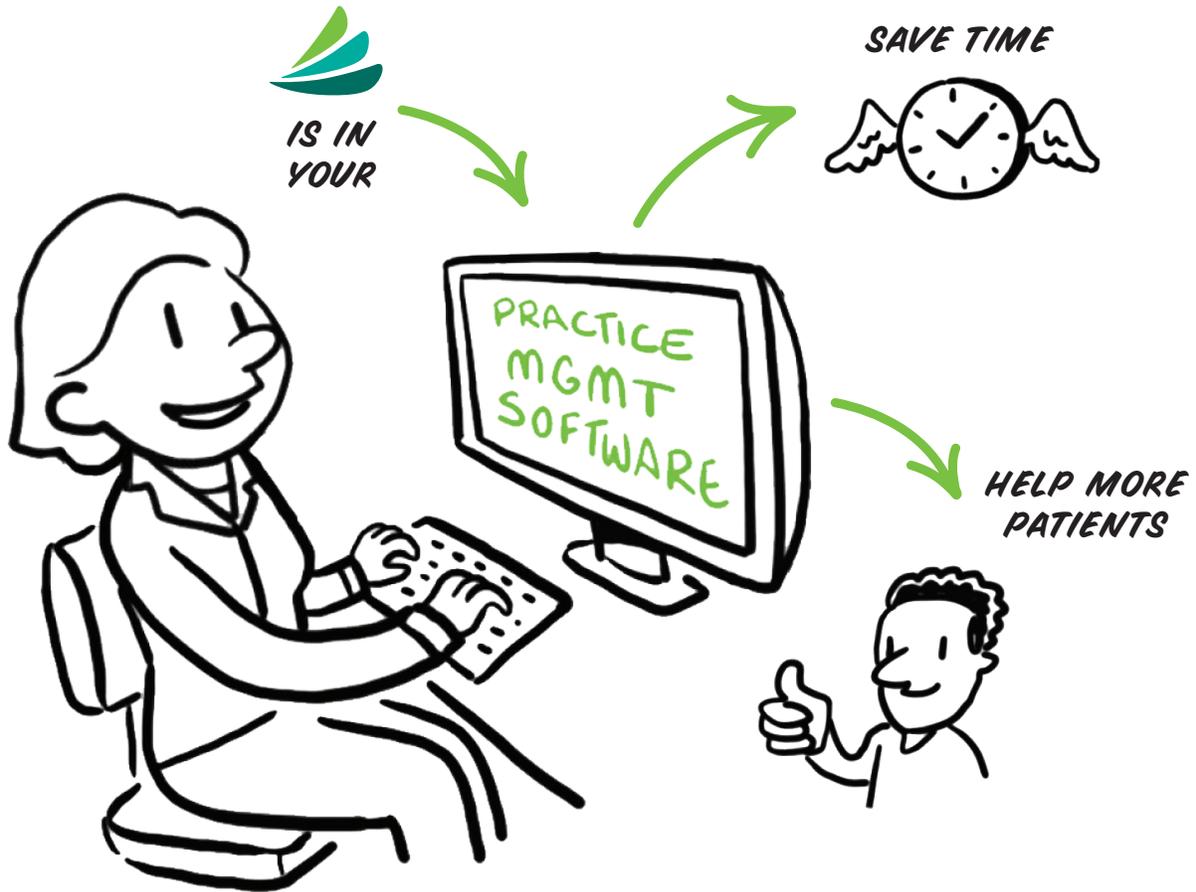
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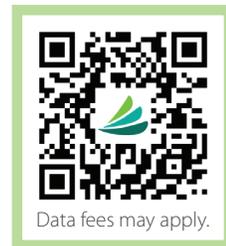


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allowed for valuable phone and window visits with families that would have been impossible with clogged hearing aids or a lack of technology. These tools created invaluable opportunities for elders and their loved ones during a challenging time. The challenges, while difficult, have reinforced my determination to find a way to educate and empower care partners. We know that the pandemic will be with us for some time, with peaks in cases causing facilities to tighten restrictions.



We are constantly working on innovative ideas that adjust to our changing climate, including finding ways to not only train virtually, but socially distanced, and creating specialized services that ensure these skills are put into practice. The challenges we faced during the pandemic brought the value of hearing and communication to the forefront, in particular with elder care communities who were forced to close their doors. In order to continue servicing my clients, I adapted my services to fit this new lifestyle, providing the same quality of service from my mini van's remote office location during a critical time of need.

At a time when communities were closed to all outside visitors, our elders were only able to access family and friends by phone or video chat. If their hearing aids were not clean and in working order, they were not able to have these crucial interactions. The resources we developed together gave these healthcare professionals the knowledge and confidence to maintain hearing aids to keep their residents engaged and tied to the world outside.



ONLINE TRAINING FOR CARE PROVIDERS

It is becoming critical for communities to be able to manage and care for hearing instruments properly. With phone calls and video chats often the only contact with long-distance family, what happens when the hearing aids do not work and those calls cannot be heard? We know community-dwelling elders and the developmentally disabled are always at risk of isolation and decline. When you add strict quarantine measures, little or no family contact, and hearing loss, we see serious consequences arise for these individuals. But this can be prevented.

Four years after the initiation of my practice, the demand for our services continued to grow and evolve due to the global pandemic and added strains on the healthcare system. This gave rise to the creation of our business Hear Now, Education Services. This new company

expanded our online educational resources nationwide and created an interactive toolkit for facilities and caregivers. This easily accessible, digital learning platform trains care partners on how to provide these basic hearing aid services on-site to their clients.

Our goal is to teach care staff the skills needed to provide one-on-one hearing aid maintenance for elder care facility residents. Our next phase of development has been to build on our success through an online education and training platform, specifically designed to train and support healthcare staff within care communities.

Through step-by-step instructional videos, we provide in-depth training for the care and management of hearing aids and support for basic hearing health. Our services include resources on how to care for and troubleshoot existing hearing aids, keeping them functional on a continuous basis. We explain when it is appropriate to contact a professional to provide new hearing aids or examinations, and how to identify those professionals. These tools allow caregivers to provide better health and social support for elders who assign themselves to our care.

EXPANDING OUR MODEL ACROSS THE NATION

This online education program Hear Now, Education Services, extends our services nationwide, providing effective and efficient resources to facilities, families, and caregivers, and adding an extra level of personalized support for

our seniors. **To further supplement this growing need, we developed a replicable model that includes a toolkit for facilities, builds new partnerships, and expands our marketing to reach further into underserved communities, including an affiliate program.**

We took approximately one year (during COVID) to produce the modules on relevant topics. In creating a digital learning platform for healthcare personnel, we provide best practice management techniques to lessen equipment loss and damage, keeping hearing aids with their residents rather than in the repair shop.

We are in the process of expanding our staff to extend on-site support services into underserved communities, including the developmentally disabled community, English as a second language communities, and those with limited mobility or without

access to transportation. Currently, I work with a diverse and highly skilled team of female and LGBTQ contract workers and volunteers to implement services within our community and adapt these services to today's continuously evolving needs. Our team has experience bringing in multidisciplinary partners and identifying potential matching services, which will help us create a more resilient hearing support community. We want these services to be accessible, not only to those we serve, but to trained personnel, so that it does not overburden the existing caregiver system. Our target customer base are those organizations and companies who serve seniors, developmentally disabled communities, and underserved hearing-impaired populations.

Caregivers, family, friends, nurses, and staff are our frontline supports for those who may not have the ability to advocate for their own hearing needs. By providing the educational tools

and supporting these caregivers, we will create a group of educated individuals who will bridge the gap in services, empowering our elder generations and enabling our developmentally disabled communities. Opportunities abound to help this often-marginalized segment of society.

This type of progress takes time, but we are having an impact in Nebraska, and soon, across the country. Most nursing homes and assisted living communities have no plan to deal with their residents' hearing aids—it's all reactive when a hearing aid gets lost. The training tools we developed help facilities to be proactive in helping residents take care of their hearing aids. ■

Learn more about Hear Now, Education Services at www.hearnowsolutions.com or contact York at janie@hearnowsolutions.com

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IHS Continuing Education Test

Hearing Healthcare in Long-Term Care Communities: A New Approach, article on page 46.

1. _____ of staff working with individuals living in long term care facilities are asked to assist residents with their hearing aids.
 - a. 25%
 - b. 50%
 - c. 73%
2. _____ of caregivers working in long term care facilities feel confident with their abilities to provide hearing care to their clients.
 - a. One tenth
 - b. Half
 - c. Three quarters
3. Regular monitoring to identify ear health concerns and referral for treatment may help prevent more serious complications.
 - a. True
 - b. False
4. Select the people below who are included in the diverse team of caregivers assisting with hearing aid management.
 - a. Family
 - b. Friends
 - c. Clinical staff
 - d. Medical aides
 - e. Dining staff
 - f. Cleaning staff
 - g. Activities staff
 - h. All of the above
5. Through education and some simple management tools, your team can create an informed and supportive network of caregivers ensuring that clients are being included in the conversations about their health and well-being.
 - a. True
 - b. False
6. Isolation due to hearing loss can result in a loss of connection with family and friends. This may lead to cognitive and emotional decline, such as dementia and depression.
 - a. True
 - b. False
7. Creating a mobile hearing health program is an opportunity to provide the following services:
 - a. Consistent hearing and ear health monitoring for residents.
 - b. Prevention of lost or damaged hearing devices for residents.
 - c. Cost savings for facilities and residents through preventative care and reduced replacement costs for lost or damaged devices.
 - d. A reduction in the burden on facility staff.
8. Regular hearing care and hearing aid maintenance are a routine part of care for residents living in most long-term care facilities.
 - a. True
 - b. False
9. According to the CDC, nursing homes in the U.S. serve _____ individuals.
 - a. 5 million
 - b. 2.2 million
 - c. 2 million
 - d. 1.3 million
 - e. 1 million
10. Utilizing a new model to provide hearing care can reduce costs to facilities, improve quality of life for residents, decrease burden on facility staff, and generate revenue for your practice.
 - a. True
 - b. False

For continuing education credit, complete this test and send the answer section to:
International Hearing Society • 16880 Middlebelt Rd., Ste. 4 • Livonia, MI 48154
or professionaldevelopment@ihsinfo.org

- After your test has been graded, you will receive a certificate of completion.
- All questions regarding the examination must be in writing and directed to IHS.
- Credit: IHS designates this professional development activity for one (1) continuing education credit.
- Fees: \$29.00 IHS member, \$59.00 non-member. (Payment in U.S. funds only.)

HEARING HEALTHCARE IN LONG-TERM CARE COMMUNITIES: A NEW APPROACH QUIZ

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Answer Section

(Circle the correct response from the test questions above.)

- | | |
|--------------------|----------------|
| 1. a b c | 6. a b |
| 2. a b c | 7. a b c d e f |
| 3. a b | 8. a b |
| 4. a b c d e f g h | 9. a b c d e |
| 5. a b | 10. a b |

