

SENATE INQUIRY INTO HEARING HEALTH IN AUSTRALIA 2009

I am taking this opportunity to write in support of the Senate Inquiry into Hearing Health in Australia, as there are many issues affecting many people. Statistics show 1 in 6 Australians have a hearing loss.

I am Pat Fulton, a Registered Nurse, practicing since 2001 as a Hearing Coach in the Southern Highlands of NSW. I am a member of Deafness Forum Australia, Meniere's Australia, NSW Nurses Association and Quota International of Moss Vale Inc NSW, a service organization that supports Hearing and Speech Impaired people world wide. I am Chairman of the Hearing and Speech Committee for Quota International 35th District.

The Hearing Coach role:

- to assist people in the hearing rehabilitation process post fitting of their hearing aids
- to speak at community forums to raise Awareness of Hearing Loss
- to train Aged Care Nurses and Carers in the management of Hearing Loss and Hearing Aids to aid good Communication
- an advocacy role for the hearing impaired

Hearing Coaching is a hands on approach to individuals or in small groups.

In 2001 I became aware that a significant number of people (approximately 30% , 2003 Office of Hearing Services Client Satisfaction Surveys), who have been prescribed hearing aids were in fact not using them. From this awareness I developed the Hearing Coach concept. In my experience the incidence of non-compliance of new hearing aid users occurs whether the hearing aids are government or privately funded and not necessarily related to the age of the client. This incidence of non compliance, derives from unrealistic expectations and poor rehabilitation follow up post hearing aid fitting

I have a hearing impairment which was diagnosed at the age of 9. I have managed my hearing loss well. I purchased my first hearing aid 20 years ago and have successfully used bi-aural hearing aids now for 15 years.

For me, I am not in a muted world and can enjoy my life and especially in communicating well with those around me.

The specific issues which I wish to address relate to problems associated with the admission and care of hearing impaired patients in our hospitals and to the accreditation of Aged Care Facilities. More particularly to the elderly in our hospitals and Aged Care facilities with particular regard to a conflict between concepts of a person's privacy and a resulting lack of awareness of hearing problems causing serious communication difficulties.

Research has been well recorded into aspects of Hearing Health in Australia and I was reminded how far we have to go by a colleague in 2002 Mrs Anne Stewart OAM co-founder of Meniere's Support Group NSW who sent this article to me observing, "I have a feeling nothing has changed, it needs people with a passion like yourself"

The article titled "Hearing impairment and hearing aid use" written by Denis Byrne, PhD Research Director and Greg Birtles, MA Principal Audiologist, Australian Hearing Services, appeared in The Medical Journal of Australia Vol 160 16th May 1994 included the following:

"To the Editor: A recent article by Ward et al. concerning hearing impairment and hearing aid use in women over 65 years of age raised issues of major significance for health care provision and is of particular interest to our organization (Australian Hearing Services).

They found that, of the women surveyed, one-third reported hearing difficulty but, of these, only half had had their hearing tested and less than a quarter had obtained a hearing aid. The 33% prevalence figure agrees closely with other estimates and highlights "an underestimated public health problem". They also suggest that many people who could benefit from hearing aids do not seek to obtain them, reinforcing the need to increase awareness of the benefits of hearing aids.

The report also indicates that only a third of women who had a hearing aid were using it regularly. We accept the general point that a significant proportion of people with hearing aids do not use them effectively and applaud Ward et al's of more resources to improve this situation. Finding a cost-effective way of achieving improvement is not easy."

This is now 2009, and these concerns are still concerns today..

Privacy Concepts and Disability Awareness

A Hearing Loss is invisible.

I refer to people who are not hearing well or not hearing at all, who may be disadvantaged as a patient or resident in a health facility. Hearing aids or other devices may or may not be used in these situations. I have encountered resistance to the provision of a sign at the bedside of a person with hearing loss to indicate special needs to assist effective communication. This resistance I understand is based on consideration arising from Privacy Legislation.

Where is the sense in this secrecy at such a vulnerable time? Health outcomes can be seriously affected by misunderstanding and misinformation.

The notional loss of privacy represented by a bedside notice advising of a patient's hearing disability cannot be compared with an operational inefficiency and personal difficulty resulting in a lack of this awareness.

In this context I can relate to my personal family experience at a major Sydney Hospital in 2003.

My then, 88yo father was admitted via emergency for neurological investigation.

He has impaired hearing and uses hearing aids. This information was documented in his personal notes on admission. Post surgery he was transferred to the surgical ward. Two days post surgery family visited to witness my father screaming and being physically restrained. He was not wearing hearing aids.

A few days later he was transferred to the Geriatric Unit for his recovery and assessment.

The family requested a notice be posted at his bed head to indicate he used hearing aids and to speak to his right ear, to assist communication & awareness.

Staff were reluctant to oblige due to privacy issues and hospital policy, but family insisted and accepted responsibility in the best interests of my father.

It is now 2009 there is still there is no policy change

Accreditation in Health and Aged Care Facilities

There is little or no weighting given to sensory loss resulting and little incentive for facilities to invest funding received into this area.

It is the public's perception that when a nursing home has achieved accreditation, the services and care for their residents are appropriately met.

In my experience, the documentation and practices in our Aged Care Facilities fail to effectively support residents hearing loss.

One reflection of this is few Facilities make any significant provision for the training of nursing staff in this area.

In summary, I submit there is very little effective consideration given to the hearing related issues in Health and Aged Care Facilities.

This relates to admission procedures and misguided concepts of patient privacy in hospitals as well as a general failure to provide adequate training and resources to manage hearing loss in Health and Aged Care Facilities.

Recommendation

- Consideration needs to be given to putting in place effective and rational Privacy Policy in respect of a persons hearing disability. This is surely a mater of commonsense.
- This should include the use of aids already available such as the International Symbol for Deafness logo stickers available from Deafness Forum Australia and the Bed Hook with a Hospital Pack both of which are available from Better Hearing Australia.
- Accreditation weightings for Aged Care Facilities need to be reviewed to provide adequate incentive for Facilities to invest appropriately in the management of a persons hearing loss, including provision of staff training.
- It may be appropriate for the Office of Hearing Services, as an adequately resourced and funded national organization to take an active roll in organizing forums to heighten hearing awareness in Health and Aged Care with particular regard to issues such as loss of confidence, impact on relationships

and impact on health outcomes generally.

- Hearing screening for all Primary School students until the catch up with the Baby Screening Program, as well screen all High School students until the screening program catches up with all children.

I attach letters received from quota members in my capacity as Chairman of the Hearing and Speech committee. Examination shows strong support for the sentiments covered in this submission.

I am pleased to participate in this inquiry and trust this submission meets your requirements. I look forward to your acknowledgement and to receiving the ultimate report. I would be pleased to support this submission in person should that be appropriate.

Yours faithfully

Pat Fulton RN
Hearing Coach

October 9th 2009

Appendencies

1. Letter dated September 22nd 2009 from Sue Boyd, Quota International Campbelltown NSW, Chairman Hearing and Speech Committee. Practicing Audiometrist
2. Letter dated September 27th 20- from Daphne Cohen, Quota International Batemans Bay NSW, Chairman Hearing and Speech Committee
3. Letter dated October 8th 2009 from Glenda Greenwood, Quota International Leisure Coast NSW, President

From: "Sue Boyd"
Date: 22 September 2009 10:07:22 PM
To: "Patricia Fulton"
Subject: Re: Pat Fulton H&S 35th District /Inquiry into Hearing Health in Australia

Hi Pat.

In the 1980's or even the 1990's there use to be a special plastic logo that hooked onto a patients bed indicating that they were deaf / hard of hearing. Better hearing and SHhh had them.

When client's rights and privacy came about we were not allowed to use these any more as it was seen as "labelling" clients. To me this took away the right for the patient / client to be well informed of their treatments and medications, etc.

Personal experience in my own family, I found that people spoke to me expecting that I would relay the message, instead of the professional addressing the person concerned.

Examples of people not hearing what the doctors have said to them in relation to taking medications becomes even worse when the chemist writes on the script " TAKE AS DIRECTED BY DOCTOR ". Clients are anxious enough when they visit doctors that they forget what has been said about medications.

Hope this supports your efforts.

Cheers Sue Boyd, QI Campbelltown NSW

From: "Daphne Cohen"
Date: 27 September 2009 3:22:40 PM
To: <pat
Subject: 35th District/ Inquiry into Hearing Health in Australia
Reply-To: "Daphne Cohen"

Dear Pat

I read you e-mail with interest and sincerely wish you well in the constant battles you are fighting on behalf of the deaf. I was chairman of our Club's Speech and Hearing Committee several years ago and found it probably the most rewarding position I have had in the Club (with the exception of my years as President).

I put so much work into my year and was proud of what I achieved at the time and yet as I now look back I wonder if I really achieved anything? It is all so frustrating. I worked really hard at trying to get signs above the beds for deaf patients in our local hospital and received wonderful promises which I believed at the time. Where are the signs now? I spoke to practice managers for local doctors suggesting some cards in their waiting rooms which deaf people could use to explain their situation such as "If you look at me when you speak I am able to lip read" or for the receptionist "please take a seat" etc. I was told that "it was a good idea", but I can't see any such cards in the waiting rooms.

During my year, I managed to arrange with a local "free" newspaper that was widely distributed in the town to be allowed to publish an article each week covering the situation of the deaf in our society and also giving the deaf tips on how to enjoy life and avoid some of their problems. I called this article "Quota's Quiet Corner" and it ran for a year. Unfortunately the publication ceased after that and I could find no further outlet. Also I moved on to other things in Quota. I am sure that all the research I had to do for this would have brought out

many things that could have been used in this current submission but unfortunately the book I made of all the articles can not be found. I should have kept it, but was persuaded that it should be part of the portfolio documents to be passed on the next Speech and Hearing Chairman. So I saw it last in 2003. Who lost or threw it away is something I will now never find out.

So, Pat at the moment, the only thing I can really support you with is the signs for hospitals and, having a deaf husband who was in hospital for 4 weeks a couple of years ago, I know first hand how frustrating lack of communication can be both to the patient and to the partner who knows that things could be so much easier. This must be one of the easiest and cheapest ideas to implement.

When we had our information stall in town recently for Hearing Awareness Week, it surprised me that so many of the inquiries we dealt with concerned the expense of getting hearing aids and the complete lack of knowledge about government schemes to assist pensioners. Everyone I spoke to was, in fact, a pensioner and I like to think that after our chat they went away with hope for a better quality of life. I thought that these schemes were well advertised, but perhaps more should be done in this field.

Keep up the good work
Kind regards
Daphne

From: "Glenda"
Date: 8 October 2009 8:58:43 PM
To: "Patricia Fulton"
Subject: FW: add to submission?

Hi Pat.

I have received the following suggestion from Sandra for inclusion in our submission to the Senate Inquiry.

Do you like the idea of making this a Quota project similar to SWISH?

Regards
Glenda
QI Leisure Coast

From: Sandra Michielin
Sent: Thursday, 8 October 2009 9:39 A
To: 'Glenda' **Subject:** add to submission? **Importance:** High

Hi Glenda

Remember when we were children and the nurse came to school and checked our hearing? Quota should also lobby for: Bringing back school screening for hearing & eye sight as school students are been picked up by teachers with a hearing loss which impacts upon their language development & eye sight as well that needs glasses.

It will pick up conductive losses in K to Yr 2.

This might also be helpful

Cheers

Sandra