



Recommendations for Person-Centered Care of Deaf/Hard of Hearing (DHH) Patients

	Tips:	Examples:
Communication	Ask the patient the preferred way for them to communicate.	 Everyone with a hearing loss is different. Some may require sign language while others lipread. Approved transparent masks (clear window masks) should be used to help patients read lips and facial cues.
	Arrange interpreter services ahead of time.	 In-person sign language interpreter services and/or video remote interpreting should be scheduled in advance. See resources section for how to request services. Two-way devices can be useful for hard of hearing individuals who are not able to communicate effectively by other means (e.g. UbiDuo2 or Interpretype®)
	Look directly at the patient.	 Avoid looking towards the interpreter or other hearing family members/friends. Consider using a scribe to reduce the need to type into a medical record. This can allow you to look directly at the patient.
	Avoid overenunciating or talking too loudly. Speak clearly and slowly.	 You may speak louder than normal but do not shout. Do not shout or exaggerate your words since this may distort how the words sound or appear on the lips. If a patient does not understand you, choose a different one rather than repeating it.
	Use visual cues, educational materials, and pictographs.	 This can include use of Web-based images (e.g. Google images) to help the patient understand what is being discussed.
Exam Room Set-up	Place computers, laptops and tablets to the side rather than in between the health care provider and the patient.	



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	Avoid bright lights or loud background noises that can affect the ability of the DHH to see or understand you.	 Do not have a window or light behind you as those make it harder to read lips.
Accessibility Prior to Appointments	Provide helpful information to help patients with making appointments.	 Helpful information may include: Old medical records Medications currently used (or request that they are brought in) Insurance coverage Inform patient of any accommodations that are being arranged to make sure they are appropriate.
	Provide resources for patients to know what they should expect when they arrive at the clinic.	 Send instructions on any arrival information such as: Parking instructions Location of ramps, doorways, elevators, where to sign-in
How to Make the Clinic Accessible	Help identify DHH patients to alert everyone that a patient has a hearing loss.	 Consider using hearing loss symbols on any rooming charts. Place appropriate hearing loss diagnostic codes on the problem list. Insert any communication and language needs into the electronic health records. Document hearing loss in disability fields if available in the electronic health records. Use alerts to notify staff if any accommodations are needed when appointments are scheduled.





OTHER HELPFUL RESOURCES

Two FDA approved clear masks are available through Michigan Medicine. Boxes of these should be at all vaccine administration sites to be used when a DHH person is present or when someone requests them:

- ClearMask <u>https://www.theclearmask.com/</u>
- Safe N'Clear Communicator https://safenclear.com/

Staff interpreters can be reached at:

• Interpreter Services - Main Office: Phone: (734) 936-7021; Fax: (734) 998-5368; InterpreterServices@med.umich.edu

For a list of interpreter agencies:

• Registry of interpreters for the Deaf: <u>https://rid.org</u>

Readings on general best practices:

- McKee MM, Moreland, CJ, Atcherson SR, Zazove P. Hearing Loss: Communicating with the patient who is deaf or hard of hearing. *FP Essent*,2015;434:24-28. <u>https://pubmed.ncbi.nlm.nih.gov/26161525/</u>
- Middleton A, Niruban A, Girling G, Myint PK. Communicating in a healthcare setting with people who have hearing loss. BMJ. 2010 Sep 29;341:c4672. doi: 10.1136/bmj.c4672. PMID: 20880905. <u>https://www.bmj.com/content/341/bmj.c4672</u>
- McKee M, James TG, Helm KVT, Marzolf B, Chung DH, Williams J, Zazove P. Reframing Our Health Care System for Patients With Hearing Loss. J Speech Lang Hear Res. 2022 Oct 17;65(10):3633-3645. doi: 10.1044/2022_JSLHR-22-00052. Epub 2022 Aug 15. PMID: 35969852; PMCID: PMC9802570. <u>https://pubmed.ncbi.nlm.nih.gov/35969852/</u>
- Mormer E, Cipkala-Gaffin J, Bubb K, Neal K. Hearing and Health Outcomes: Recognizing and Addressing Hearing Loss in Hospitalized Older Adults. Semin Hear. 2017 May;38(2):153-159. doi: 10.1055/s-0037-1601570. PMID: 28522889; PMCID: PMC5435475. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5435475/

More communication tips:

• https://www.hearingloss.org/hearing-help/communities/patients/

GENERAL DO'S AND DON'TS:

DO:

• Ask about the DHH patients' views on their hearing loss. For some, hearing loss may be a form of a cultural identity instead of a disability they want addressed.

DON'T:

• Talk down or dumb down the topic. DHH patients are no more or less intelligent and capable than hearing patients. It is the barriers that places them at a disadvantage.