

B0200. Hearing

Enter Code

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Ability to hear (with hearing aid or hearing appliances if normally used)

0. **Adequate** - no difficulty in normal conversation, social interaction, listening to TV
1. **Minimal difficulty** - difficulty in some environments (e.g., when person speaks softly or setting is noisy)
2. **Moderate difficulty** - speaker has to increase volume and speak distinctly
3. **Highly impaired** - absence of useful hearing

Item Rationale

Health-related Quality of Life

- Problems with hearing can contribute to sensory deprivation, social isolation, and mood and behavior disorders.
- Unaddressed communication problems related to hearing impairment can be mistaken for confusion or cognitive impairment.

Planning for Care

- Address reversible causes of hearing difficulty (such as cerumen impaction).
- Evaluate potential benefit from hearing assistance devices.
- Offer assistance to residents with hearing difficulties to avoid social isolation.

B0200: Hearing (cont.)

- Consider other communication strategies for persons with hearing loss that is not reversible or is not completely corrected with hearing devices.
- Adjust environment by reducing background noise by lowering the sound volume on televisions or radios, because a noisy environment can inhibit opportunities for effective communication.

Steps for Assessment

1. Ensure that the resident is using *their* normal hearing appliance if they have one. Hearing devices may not be as conventional as a hearing aid. Some residents by choice may use hearing amplifiers or a microphone and headphones as an alternative to hearing aids. Ensure the hearing appliance is operational.
2. Interview the resident and ask about hearing function in different situations (e.g. hearing staff members, talking to visitors, using the telephone, watching TV, attending activities).
3. Observe the resident during your verbal interactions and when *they* interact with others throughout the day.
4. Think through how you can best communicate with the resident. For example, you may need to speak more clearly, use a louder tone, speak more slowly or use gestures. The resident may need to see your face to understand what you are saying, or you may need to take the resident to a quieter area for them to hear you. All of these are cues that there is a hearing problem.
5. Review the medical record.
6. Consult the resident's family, *caregivers*, direct care staff, activities personnel, and speech or hearing specialists.

Coding Instructions

- **Code 0, adequate:** No difficulty in normal conversation, social interaction, or listening to TV. The resident hears all normal conversational speech and telephone *or group* conversation.
- **Code 1, minimal difficulty:** Difficulty in some environments (e.g., when a person speaks softly or the setting is noisy). The resident hears speech at conversational levels but has difficulty hearing when not in quiet listening conditions or when not in one-on-one situations. The resident's hearing is adequate after environmental adjustments are made, such as reducing background noise by moving to a quiet room or by lowering the volume on television or radio.
- **Code 2, moderate difficulty:** Speaker has to increase volume and speak distinctly. Although hearing-deficient, the resident compensates when the speaker adjusts tonal quality and speaks distinctly; or the resident can hear only when the speaker's face is clearly visible.

B0200: Hearing (cont.)

- **Code 3, highly impaired:** Absence of useful hearing. The resident hears only some sounds and frequently fails to respond even when the speaker adjusts tonal quality, speaks distinctly, or is positioned face-to-face. There is no comprehension of conversational speech, even when the speaker makes maximum adjustments.

Coding Tips for Special Populations

- Residents who are unable to respond to a standard hearing assessment due to cognitive impairment will require alternate assessment methods. The resident can be observed in their normal environment. Do *they* respond (e.g., turn *their* head) when a noise is made at a normal level? Does the resident seem to respond only to specific noise in a quiet environment? Assess whether the resident responds only to loud noise or do they not respond at all.

Examples

1. *“When I’m at home, I usually keep the TV on a low volume and hear it just fine. When I have visitors, I can hear people from across the room.”*

Coding: B0200 would be coded **0, Adequate.**

Rationale: The resident hears normal conversational speech.

2. *“Sitting at the dinner table, I can hear people who are sitting close by me within five feet, but not much if they are sitting down one end of the table speaking at a normal volume, and I’m at the other end of the table about eight feet away.”*

Coding: B0200 would be coded **1. Minimal Difficulty.**

Rationale: The resident has difficulty in some situations (when someone is sitting farther away) but can hear clearly when someone is sitting close.

3. *The resident failed to respond during an interview with the assessor despite the interviewer increasing the volume of their voice and speaking distinctly. The resident’s family shared that the resident cannot hear the spoken word, even when they are directly facing the resident and speak loudly and distinctly, and they noted that they often use a picture board to point to things to communicate with the resident.*

Coding: B0200 would be coded **3, Highly Impaired.**

Rationale: The resident has no comprehension of conversational speech, even when the speaker makes maximum adjustments.

B0200: Hearing (cont.)

4. *“I have trouble following normal conversations, especially when a lot of different people are talking at the same time. I can usually make out what someone is saying if they talk a little louder and make sure they speak clearly and I can see their face when they are talking to me.”*

Coding: B0200 would be coded **2. Moderate Difficulty.**

Rationale: The resident has difficulty hearing people in conversation, but comprehension is improved when the speaker makes adjustments like speaking at high volume, speaking clearly, and sitting close by so that the speaker's face is visible.