

DSS227 Aural Rehabilitation Services Tier Two Service Specification

1. Introduction

This Tier Two Service Specification provides the overarching Service Specification for nationwide Aural Rehabilitation Services funded by Disability Support Services (DSS).

2. Service Definition

The Aural Rehabilitation Service provides short term assistance to people in New Zealand, aged 16 years and over, who have newly acquired or increasing hearing impairments. The aim is to manage the impact of hearing loss in people's daily lives so that they can participate more fully in their chosen activities.

This assistance includes basic hearing evaluation, hearing needs assessment, referral, advice and skill enhancement in adapting to life with a hearing loss. It does not include skilled audiological or otological interventions, social support, counselling or other services that can be provided elsewhere in the community (the Services).

2.1 Key Terms

The following are definitions of key terms used in this Service Specification:

Term	Definition
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Aural Rehabilitation	Aural Rehabilitation is any device, procedure, information, interaction, or therapy which lessens the communicative and psychosocial consequences of hearing loss (Ross. M. JARA. 1997). This includes basic hearing evaluation, hearing needs assessment, referral, advice and skill enhancement in adapting to life with a hearing loss. It does not include skilled audiological or otological interventions, social support, counselling or other services that can be provided elsewhere in the community.
Person/People	People aged 16 years and over whose normal place of residence is in New Zealand, who are affected by hearing impairment and are assessed as requiring access to the services, and their families, whanāu and caregivers.
Basic Hearing Evaluation	Conducting a basic screening test to determine the Person's level of hearing impairment.
Aural Rehabilitation Needs Assessment	Needs assessment is the process of determining the needs of the Person and the service goals in improving their ability to communicate and to participate in their chosen activities.

Communication Skills	These include strategies and skills to facilitate communication and to adapt the environments in which the Person is currently experiencing difficulty. Training may be for individuals or a group and is usually limited to six sessions for a group or three sessions for an individual.
Hearing Instrument Management	People and/or caregivers are instructed how to care for their hearing instruments, including hearing aids. Instruction is normally undertaken in no more than three onehour sessions.
Community Information and Training	Information and training are provided for the community on ways to prevent hearing loss and to understand the impact of hearing loss on People and their families. A national education strategy is expected to be provided as well as more targeted local initiatives. Individual sessions with local community groups are normally no more than two hours long.
Rural consumers	In terms of aural rehabilitation services rural refers to people who live in regions of New Zealand outside of the main urban areas as defined by Statistics New Zealand.

3. Service Objectives

- I. Living independence for New Zealanders with hearing impairment, 16 years of age and over.
- II. The impact of hearing loss on the Person and their family/whānau is minimised, and their level of participation in their home, work, school, and social environments increases.

- III. More people in the community are aware of the impact of hearing loss on the lives of People and on those who interact with them, supporting a reduction in the incidence of noise induced hearing loss.

4. Service Performance Measures

Performance Measures form part of the Results Based Accountability (RBA) Framework. The Performance Measures are set out in Appendix 3 of the Outcome Agreement.

5. Service Users

Defined as People 16 years and over whose normal place of residence is in New Zealand, who are affected by hearing impairment and who require access to the Services, and the families, whānau and caregivers of those people.

Children under the age of 16, who have no access to any appropriate services, because of, for example, geographical isolation, may be provided with Services and appropriate referrals. If Services are provided to children under 16, the reason for children accessing the Service must be recorded and available for analysis by the Ministry of Health.

5.1 People not eligible for this Service

Any individual who has relevant entitlement under the Accident Compensation Act 2001.

Any individual who requires ongoing maintenance (rather than time-limited service) and is not experiencing better hearing or communication.

Children under 16 who have access to:

- a) Vision and Hearing Technicians, available through District Health Board Services.
- b) Advisors on Deaf Children, funded by the Ministry of Education.
- c) Audiology services offered by Kelston and Van Asch Deaf Education Centres.
- d) Hospital Audiology Clinics.

5.2 Costs

There are no costs to be paid by the Person.

5.3 Access/Entry Criteria

Initial referral to Aural Rehabilitation may be from the Person with a hearing impairment, family, whānau, audiologist or other hearing specialist, a Ministry approved needs assessment process, or community agency.

The Service is expected to be available nationally, reflecting population patterns, including appropriate access for Māori and Pacific peoples, and people living in rural areas. Timely access is expected through monitoring and management of waiting times.

The Service will effectively manage increasing demand and cost pressures that are expected as the population ages, within the allocated budget, over the contract term.

6. Service Components

6.1 Where Services are delivered

It will be expected that the settings in which Aural Rehabilitation Services are delivered nationwide will be varied and will be provided in the most appropriate context, depending on the Person's need. The provider must ensure access for people with disabilities. It is expected that the Service will be mobile, and environments in which Aural Rehabilitation Services will be provided may include, but not necessarily be limited to:

- I. hearing therapy clinics
- II. the Person's home
- III. aged care facilities
- IV. marae
- V. community facilities and agencies
- VI. disability information and resource centres
- VII. hospitals
- VIII. premises of health care providers.

6.2 Planning and delivering services

Information on the Service is expected to be widely available including leaflets, posters, information booklets, web site and email access to information, and mass media.

The Service will be provided through face-to-face contact with staff, brochures, web sites and mass media, and where appropriate through the use of technology such as Skype.

Staff involved in delivering Aural Rehabilitation Services should have one of the following qualifications and be registered with their professional body in accordance with the rules of that body, to undertake their role:

- a) National Diploma in Hearing Therapy (Level 5)
- b) Bachelor of Speech Language Therapy
- c) Master of Audiology
- d) other recognised relevant tertiary qualification, as determined to be appropriate by the provider and the Hearing Therapist Association of New Zealand (HTANZ).

6.2.1 Aural Rehabilitation for people with hearing loss

Service provision is within the scope of practice of hearing therapy (as set out by the Hearing Therapist Association of New Zealand).

Any complex audiological problem should be referred to the appropriate professional. Similarly, any formal counselling needed for the Person, other than the provision of advice on adjusting to hearing loss, should be undertaken by a trained professional.

All components of aural rehabilitation will be carried out in accordance with recognised industry standards which are covered by the National Diploma in Hearing Therapy (or its successor). The components include:

- Basic Hearing Evaluation
- Aural Rehabilitation Needs Assessment. This includes:
 - a. Using relevant information from the case history, motivational interviewing techniques and appropriate validated assessment tools to determine the needs and abilities (e.g. auditory, speech reading) of the Person with a hearing impairment
 - b. Developing a culturally appropriate Aural Rehabilitation Service plan (management plan) for each Person requiring further service. The plan will relate specifically to their identified goals for managing the impact on their life of their hearing impairment. The goals, and actions necessary to achieve them, will be determined with the Person and may include family/whānau. The Service plan will include objectives for a set period of time not greater than three months and aim to improve a Person's ability to

communicate and therefore participate as independently as possible within the home, school, workplace or community. Progress towards achieving the objectives and goals both short and longer term is monitored, and a review occurs at the end of the intervention period. The plan may include any of the services offered in this contract and liaison with/referral to other health professionals and support services.

- **Communication Skills:** Strategies are developed to facilitate communication and to adapt the environments in which the Person is currently experiencing difficulty. Training may be for individuals or a group and is usually limited to six sessions for a group or three sessions for an individual. Strategies may include auditory training, specific clarification and other conversational repair strategies, speech conservation techniques, self-assertiveness, clear speech, listening skills or finger spelling techniques relevant to the individual's situation, speech reading (individual and group tuition), environmental strategies, telephone tactics.
- **Hearing Instrument Management Training -** People and/or caregivers are instructed how to use and care for their hearing instruments, including hearing aids. Instruction is normally undertaken in no more than three one-hour sessions and may include general fault finding of hearing instruments including replacing tubing or batteries, cleaning ear moulds and referring to appropriate services when necessary.
- **Facilitate the trial of appropriate hearing assistive technology** for people eligible to receive Equipment and Modification Services (EMS) funding and if appropriate submit funding applications on their behalf.  Discharge planning

6.2.2 Consumer Information and Advice

Information will be provided, generally in two sessions of 45 minutes duration each, to meet the needs of the Person including:

- Providing educational information concerning hearing impairment and tinnitus/Meniere's disease.
- Discussing the impact of hearing impairment and the potential benefits to be gained from audiological intervention, use of hearing instruments, and other hearing assistive technology for people with a hearing impairment and tinnitus/Meniere's disease and their family and/or support network.
- Providing information on individual funding entitlements and the benefit of possible referrals.

- Assisting People, family, and/or support networks to understand the results of diagnostic audiological evaluations.
- Providing information and advice on the hearing assistive technology available to alert to or enhance the sound of radios, televisions, telephones and the human voice in different settings, with or without a hearing aid.

6.2.3 Community Information and Training

Information and training will be provided for the community on ways to prevent hearing loss and to understand the impact of hearing loss on individuals and their families. A national education strategy is expected to be provided as well as more targeted local initiatives. Sessions with local community groups are normally no more than two hours long. This includes:

- development and implementation of training to improve community hearing awareness
- evaluation of training
- education on hearing loss prevention, including advice on noise
- protection and information on the likelihood and impact of noise induced hearing impairment including
 - o advice on availability and cost of hearing protectors
 - o training and information for caregivers, associates, health professionals and community agencies to increase awareness and understanding of hearing loss
 - o ways of being responsive to the needs of the Person and families or whānau
 - o the range of available specialist, educational and community services for People with hearing impairment and their families or whānau
 - o how to access this range of Services
 - o how to access Māori and Pacific Services
- environmental matters, including accessibility, barrier free and building legal requirements
- government and community agencies that provide financial or support services and benefits.

7. Guidelines/Policies/Legislation

The Provider will provide Services on the terms and conditions set out in the Agreement containing this Service Specification, which is entered into under section 10 of the New Zealand Public Health and Disability Act 2000.

The Provider is required to abide by all relevant New Zealand Legislation.

8. Exit Criteria

A Person exits this service when they have completed their aural rehabilitation, wish to exit the service, or are referred to other appropriate service providers such as audiology services.

9. Linkages

People with hearing impairment may have a wide range of needs, not all of which can be met by the provider of Aural Rehabilitation Services. Therefore, the Provider must establish and maintain effective links with other individuals, services and agencies working with the Person and their family/whānau.

Agency/agencies	Linkage or Interface
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Community and Hospital-based Clinicians	Providers must be able to demonstrate linkages with community and hospital based medical practitioners, audiological and otological services, vision and hearing technicians, public health nurses, speech language therapists and ear nurse specialists. Referrals to and from these services should provide minimum disruption for the Person. Some services may even be provided from these premises, in order to avoid confusion for the Person. Providers should clarify the best method of developing a standard practice of working with local services.
Equipment Services	Linkages must be demonstrated with Ministry funded EMS providers and relevant equipment suppliers and manufacturers to maintain up-to-date databases on equipment available. People eligible for equipment under Government and community funding programmes should be directed to the appropriate assessment service. Regional contacts are expected to be developed.



Community and Home Support Services	Providers must be able to demonstrate linkages with community services required by People, including, but not limited to, the Hearing Association, Māori providers, marae, Pacific primary care providers, Deaf Aotearoa, Needs Assessment and Service Co-ordination (NASC) organisations, Workbridge, home help organisations, Age Concern, or other relevant disability groups or organisations. Linkages can be developed at local or national level to ascertain the best way of working together with common consumer issues. The effectiveness of these linkages may be measured through a random quality audit.
Other Government Departments	Linkages with other Government social services, including Work and Income NZ or the Family Court will be needed to make referrals effectively and to ensure their customers get information on the Aural Rehabilitation service. Linkages can be developed at local or national level to ascertain the best way of working together with common consumer issues.

10. Exclusions

Exclusions from this Service Specification are listed below:

- I. Focused and skilled interventions that require professional and specialist direction and supervision, such as an audiologist or a counsellor (e.g. marriage or personal counsellor).
- II. Occupational hearing conservation.
- III. Social activities which may be provided by volunteers.
- IV. Services that can be provided elsewhere in the community, such as comprehensive assertiveness or listening skills courses.
- V. Services that are ongoing (rather than time limited) and are not delivering better hearing or communication for the Person. This would be considered maintenance.

11. Quality Requirements

Disability Support Services may conduct an:

- a) Independent survey to evaluate Peoples' satisfaction with the Service at any time.
- b) Independent evaluation of Service performance and effectiveness against this Service Specification, and its intended outcomes at any time.

12. Purchase Units

Purchase Units are defined in Health New Zealand's Nationwide Service Framework Purchase Unit Data Dictionary. The following table is a summary list of the Purchase Unit Codes associated with this Service.

Purchase Unit Codes	Purchase Description	Unit Measure	Purchase Measure definition



DSS227	Aural Rehabilitation Services	Assessment	This Service provides short-term assistance to all people with hearing impairments in New Zealand to adjust to a newly acquired or increased hearing loss, so that they can maintain as much independence as possible as a valued member of the community.
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13. Reporting Requirements

In addition to Performance Measure reporting set out in Appendix 3 of the Outcome Agreement the Provider will deliver an annual narrative report including:

- Number of People who accessed the service (16-64 years, 65 years and over)
- Highlights
- Issues
- Risks
- Trends
- Other information the provider may wish to bring to our attention.