

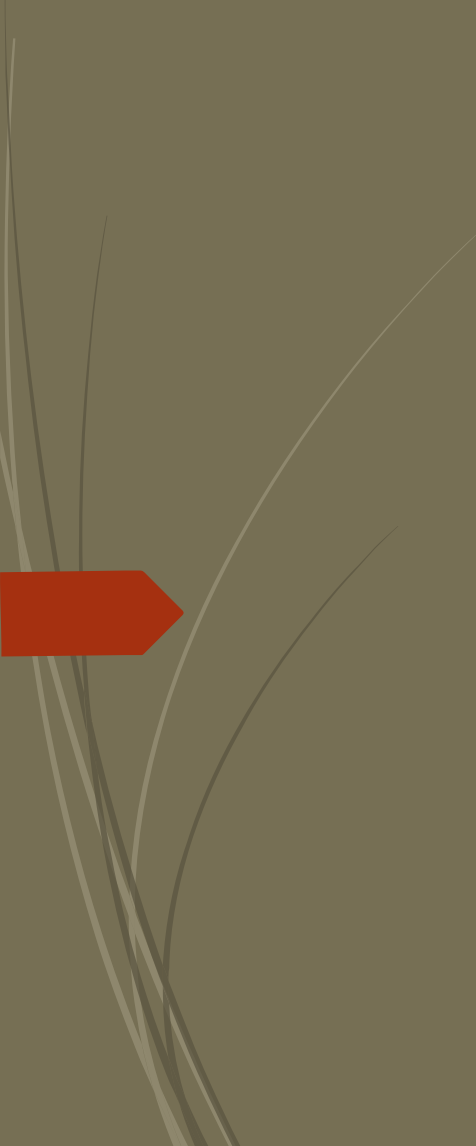
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Delivery & Follow-up

Suzanne Lindsey-Henderson, MA

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Belton Hearing Care

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Learning Outcomes

After this course, participants will be able to:

- List all steps of successful delivery.
- Identify ways to improve short-term and long-term follow-up care with their patients.
- Describe how to implement a successful delivery and follow-up plan.



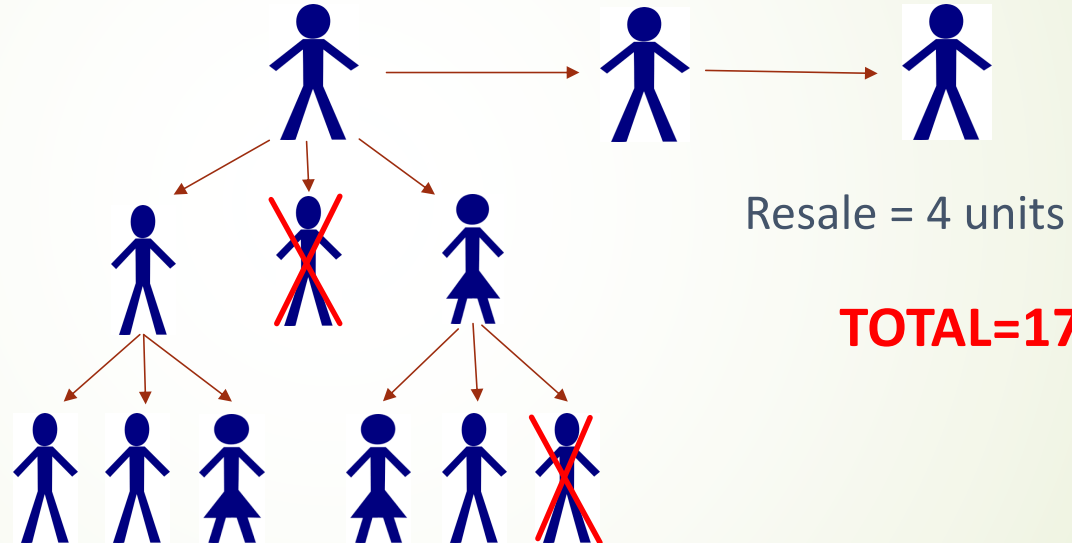
Why is delivery so important?

- If your patient is satisfied:
 - They will keep their hearing instruments
 - Help to educate the public about hearing loss
 - Come back to you when they need new hearing instruments
 - Refer their friends and family members

Have you ever thought about the value of one patient?

The value of one patient

Referrals and Resale



TOTAL=17 units

Total from referrals (80% binaural rate) = 13 units



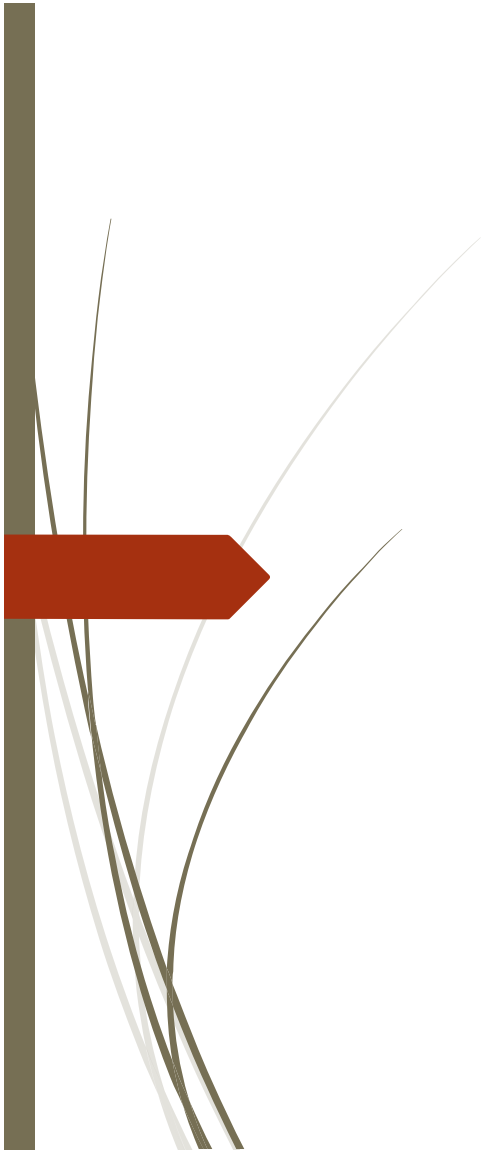
Preparation

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Preparation

- Check the hearing aids
 - Do the hearing aids connect?
 - Lay out all equipment in advance (domes, batteries or charger, etc.) – put hearing instruments in charger if applicable
 - Program the hearing instruments to the patient's loss
- Confirm the appointment
 - Make sure that the party of influence is coming with the patient
 - 4 ears are better than two
- Review the audiogram and case history
 - You will use information from both during your delivery

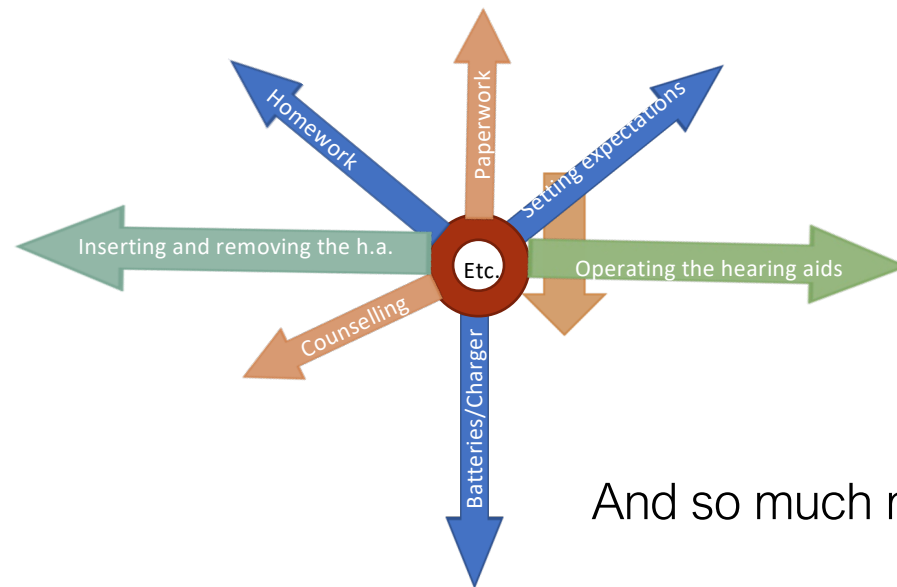


Delivery

Using a
checklist

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And so much more..

You need to remember...



THERE IS A LOT TO COVER DURING A DELIVERY



KEEPS YOU ON TRACK



IF YOU CAN'T DO A FULL DELIVERY (VERY FRAIL PATIENT, ALZHEIMER'S, ETC.), THE CHECKLIST SHOWS WHAT YOU HAVE AND HAVEN'T COVERED

Why should I use a checklist?

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Beltone Delivery Checklist

Patient _____ Date _____

Review

- Ask the patient if they are ready to hear better?
- Does the patient have any questions before you get started?
- Review all findings – a/c, b/c, speech, and touch again on auditory deprivation

Fitting

- Ensure proper fit and run MSG
- Ask POI to speak to patient in a normal volume
- Minor adjustments if necessary – remind the patient about our sophisticated technology and that adjustments can be made once they have experienced the aids in the real world

Counseling

- Counsel
 - Instruments will not restore normal hearing
 - Hear sounds differently (paper rattling, dishes) -2-3 weeks for these to sound normal
 - Suggestions for noisy environments
 - Must wear them all the time to adapt
- Set realistic expectations

Operating Instructions

- | | |
|--------------------------------|-------------------------|
| Insertion and removal | Changing volume/program |
| Changing battery/using charger | Using phone |
| Maintenance | HearMax app |
| Beep sounds and levels | |

Counsel again with patient and POI

- They are still going to miss words
- Tips for family
- Practice, patience, and communication with HCP are key
- Assign homework

Financial obligations and paperwork

- | | |
|------------------------------|--|
| Go over warranty | Complete delivery receipt and purchase agreement |
| Review Belcare | Complete financing or insurance paperwork |
| Instruction book and storage | |
| Collect money | |

Set follow-up appointment

Walk out/final counseling

- Walk the patient and POI out and comment on things like the door chime and traffic
- Remind them it's a noisy world and there's so much to enjoy
- Congratulate them and make sure they remember you will call to check on them in 24 hrs. and that you are always available if they need you

Delivery Checklist



Reaffirming the Sale

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Why should I have to do all this again?
I've already closed the sale...

Buyer's remorse

Outside opinion and influence

Patient could have done research on
other hearing instruments and providers



When you
reaffirm the
sale...

Be

- Be prepared for buyer's remorse
 - Answer their concerns and overcome their doubts

Make

- Make sure all their questions are answered

Reinforce

- Reinforce the importance of hearing in their day-to-day lives

Use

- Use their case history and what's important to the patient and talk about auditory deprivation



Reaffirm the Sale

- Greet the patient and ask if they are looking forward to hearing better. You can also ask the third party if they're looking forward to their life being easier.
- Review all findings:
 - Air and bone conduction reminding the patient of how the frequencies effect men and women's/children's voices and how those frequencies combined make speech.
 - Rule out the need for a doctor's visit
 - Go over speech results
 - Use the case history to point out the things they are missing that are important to them
 - Touch again on auditory deprivation

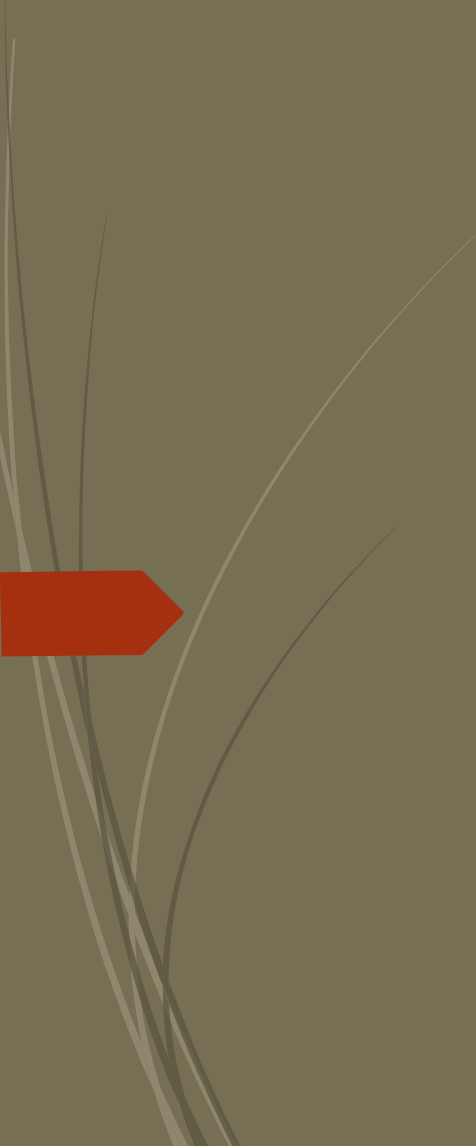
► “If you notice here in the low frequency area, your hearing is much better. Low frequency sounds give us the vowels. The vowels make up most of the volume in our language...so we’re not necessarily concerned about making things louder for you. What we’re concerned about is the high frequency area which starts at 1K hertz. The high frequency area gives us the consonants or clarity of speech. 71% of our ability to understand speech comes from this area. If you look here (point to the audiogram), you will see that you’ve lost the majority of your high frequency hearing. Mr. Smith you can hear, you just can’t always understand exactly what you’re hearing. I’m sure you’ve noticed in the past that words like tick, thick, sick, and pick all sound the same to you. The reason this is happening is because you’re missing out on the high frequencies or consonants of the word. Another thing that I would like to point out is your MCL or Most Comfortable Listening level. Normal conversation takes place somewhere around 45 db. Your MCL is 75, which would explain why you’ve had the television playing louder than Mrs. Smith likes. It’s very common for someone with a hearing loss like this to have difficulty in background noise areas such as busy restaurants. We know that background noise is located in the low frequency areas, where your hearing is better. When you get into a noisy environment you naturally hear all the other noise in the environment over the speech of the person sitting next to you. With hearing instruments, we’re able to amplify the sounds that you’ve been missing and bring them closer to normal. This will allow you to understand speech again, even when you’re in those noisy environments.” Visually show the patient how you want to bring thresholds where they’re having problems back up to the normal range. That means you’ll be able to understand _____ (use an example from the case history).”

An Example

Fitting

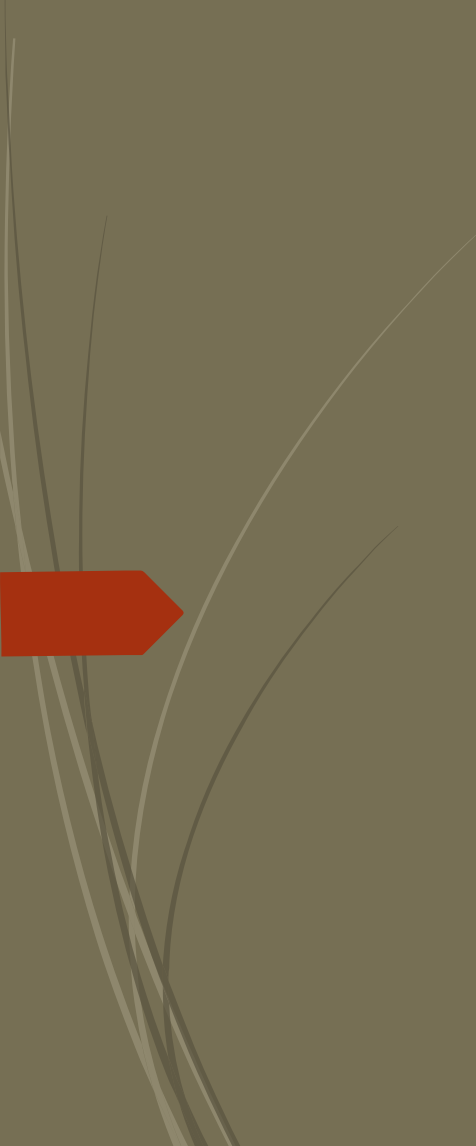
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Fitting

- After ensuring you've selected the correct dome, tubing length or, if it is a custom aid, how it fits, then run your MSG curve.
- At this point it's important to verify the fitting to confirm that the patient is receiving the gain they need and to see if the instruments match their targets. The best methods for this are speech mapping or REM. The other advantage to probe mic measurements is that the patient sees on the monitor that the gain matches their loss, and psychologically, that puts you one step ahead. Remember that having the appropriate gain and meeting target does not mean the patient will love their hearing aids – it's up to you as the HCP to ensure that with your delivery and follow-up process. If you don't have REM or Speech Mapping, you should do unaided and aided sound field testing using W-22 or NU6 words.
- The experience of having the instruments turned on should have a significant impact. You want to WOW the patient and the POI, so ask the POI to speak to them in a normal tone.



Fitting

- Explain to the patient that there is a computer chip in the hearing instrument, and they are programmed to the patient's prescription. Emphasize the sophisticated technology in the instruments.
- When you first turn on the instruments, most patients will complain about their own voice – too loud or sounds funny. Your answer to the patient should be “that’s terrific – that’s the reason other people complain about your voice being too loud – you couldn’t hear yourself! That will go away within a few days.”
- Use your case history to point out how certain features (don’t bore them to death with technology) will help them hear better in their day-to-day routine. For example:
 - “When we were doing your test, one of things you mentioned was that you’d love to hear your wife/husband when you go out to dinner. The hearing instruments have a feature that reduces background noise so that you can hear your husband/wife and the waiter.”

Counselling

At this point, the
patient's life has
changed...

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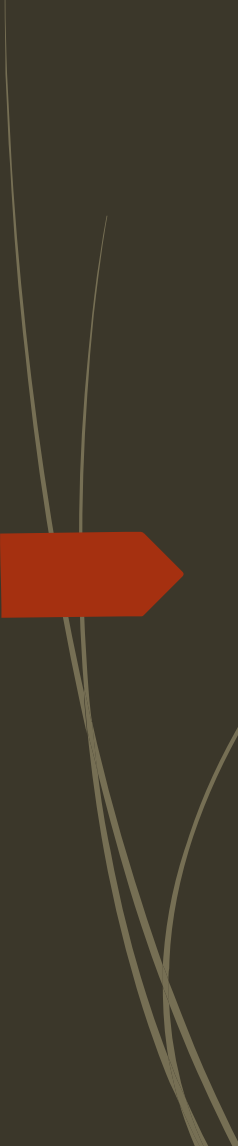
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You're going to hear a
lot of things you haven't
heard for awhile...

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Counselling and setting expectations What do you say to the patient?

- “You have two brand new hearing aids in your ears. You’re going to hear a lot of things that are new, and some that are different. Rattling paper, running water, the wind, footsteps, eating/chewing, your own voice, the furnace/AC turning on/off, and 1000 other things will all sound different or could be sounds you haven’t heard in years.

Keep in mind, you lost your hearing slowly, over many years, so give your brain time to adjust to all the new sounds. Things may sound odd the first few days, maybe the first few weeks, but it will go back to normal. Keep in mind that if things weren’t going to sound different, there would be no reason to change.”

► “We know there is a reason to change (point at audiogram). While your brain acclimates, we will be following up with each other over the next couple weeks. There are thousands of adjustments that I can make on the computer. This is just a starting point.

We may need to make changes. But, until you get out into the world, we won't know what those changes will be.

Assure them that you are here to help them adjust to their new instruments”

Counselling and
setting
expectations What
do you say to the
patient?



Setting Expectations

- Make sure the patient knows:
 - Hearing aids will not give you normal hearing
 - Hearing aids are aids – not cures
 - You will hear significantly better
 - There are environments where normal hearing people have trouble hearing – don't strain Loss of hearing literally produces physical changes in the brain (neural plasticity)
 - The brain needs to relearn how to hear and process all the new sounds it is hearing
 - It takes time for you to get reacquainted with the sounds you haven't heard for years



Setting expectations

- My voice is too loud and sounds funny
- Everything is too loud”
 - Clinking silverware
 - Flushing toilet
 - Newspaper
- With time, your brain will learn to turn down its internal volume
- There are situations where even normal hearing people can't hear – give them an example

Operating Instructions



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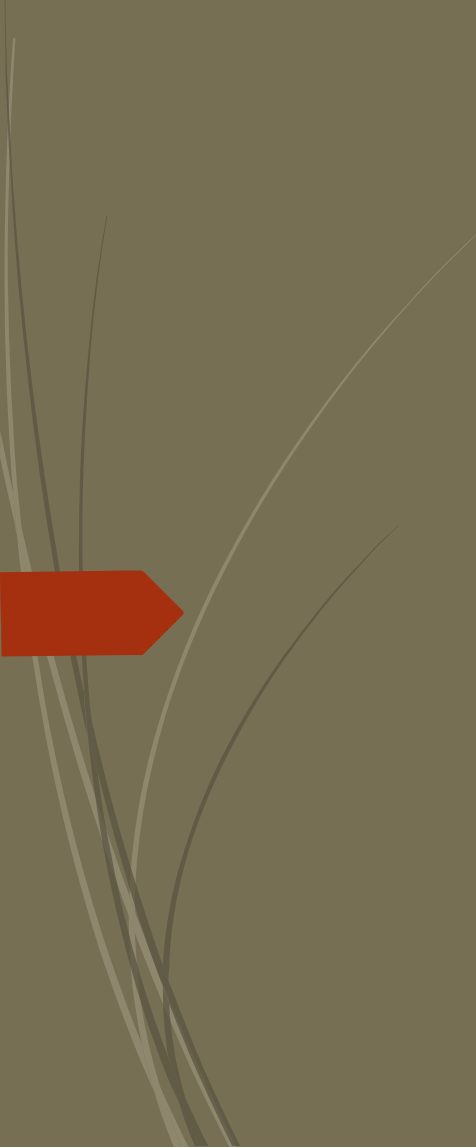


Tell...Show...Do!

- **TELL** – Explain how to do the task (inserting the hearing instrument, charging the instruments or changing the battery)
- **SHOW** – Demonstrate to the patient how to perform the task and make sure the party of influence can clearly see how to accomplish the task
- **DO** – Have the patient practice and demonstrate proficiency

Operating instructions

- Demonstrate then practice with the patient:
 - Inserting and removing the instruments
 - Changing battery or using the charger
 - Maintaining the hearing instrument
 - Cleaning the instruments
 - What do I do with them at night?
 - Don't shower or swim with your hearing aids
 - Beep sounds and levels
 - How do I change the volume?
 - When and how do I change programs?
 - Using the telephone
 - Using the app



Counsel again

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- Discuss and review auditory deprivation and include the speech discrimination scores
- Patients will still miss words and should not expect perfection
- Time and disciplined, regular use of hearing instruments will improve understanding to some degree.
 - It's important to wear them all the time. If they wear them for special occasions, the brain has to start the adaptation all over again every time
- Tell them how this new way of hearing will help them with the areas that they mentioned in the case history – groups, grandchildren, church, restaurants, etc.
- This is a team effort – practice, time, patience and working with your HCP are the keys to success

Counsel again
with patient
and party of
influence



Spend some time counseling and setting expectations with the family

Tips for the family

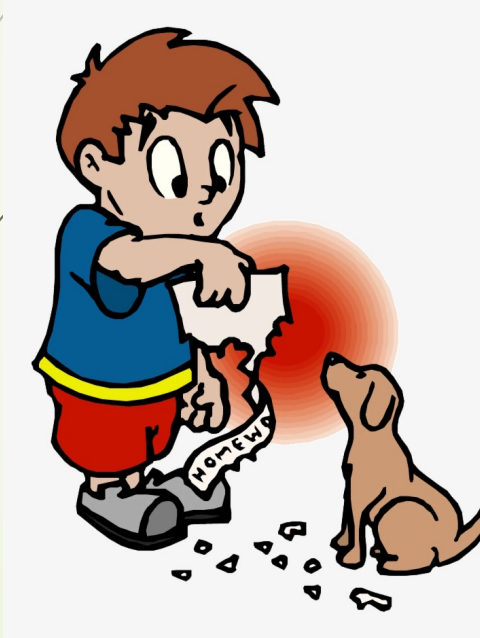
- Get their attention
- Use clear speech
 - Enunciate
 - Don't shout
 - Use complete sentences
- Improve the communication environment
 - Get closer – ideally 3 feet
 - Don't try to communicate from another room
 - If possible, move away from background noise
 - Turn down the volume of competing noise
 - When possible, choose quieter restaurants



Spend some time counseling and setting expectations with the family

Tips for the family

- Use better communication skills
 - Face the person when speaking
 - Visual cues help the hearing-impaired person – keep your hands away from your face
 - Listen carefully
 - Be encouraging
- Stress to the POI that they can be a huge help with the patient having a successful experience with new instruments.

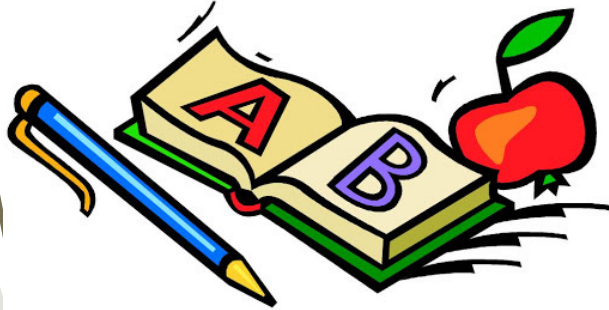


Homework

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Week One Homework



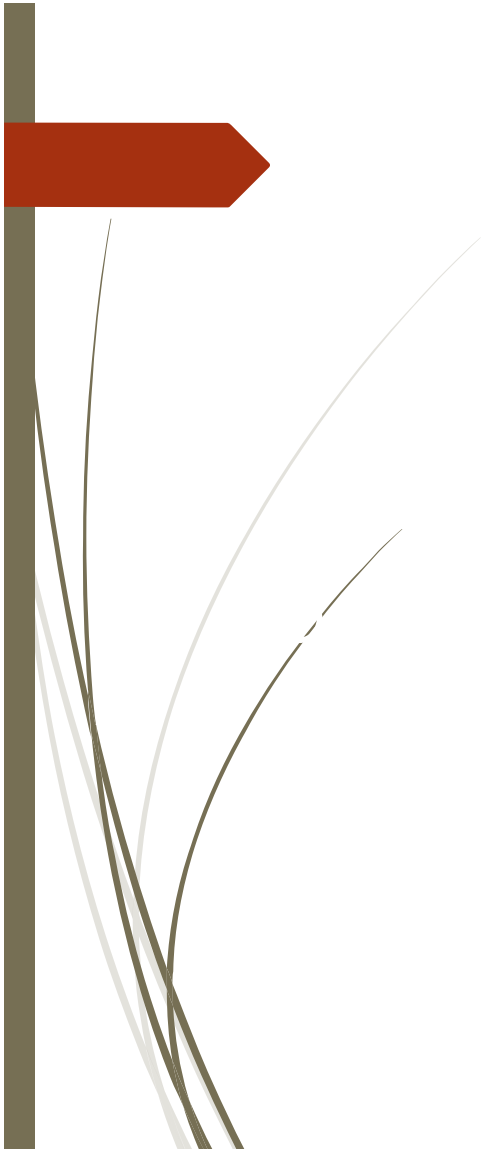
- Read aloud –
It helps the patient to get used to the sound of their own voice
 - When you read aloud, your discrimination is 100% so it “wakes up the brain” to sounds they haven’t heard for a while.
- Start out by conversing with just one person
- Listen to and identify sounds in the environment – make a conscious decision to ignore the ones that are unimportant.
- Listen to television and establish a good volume – remember to concentrate on how you understand overall, not individual words.
- Keep a notebook
 - What new sounds have you experienced?
 - Were you in a situation where you would have liked to hear better? Describe where you were and what the issue was.
 - How are you hearing conversations in quiet? In noise?
 - It was great being able to hear _____!



Paperwork

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Go over the warranty



Review Follow-up
Schedule



Instruction book and
storage



Collect money



Complete the delivery
receipt and purchase
agreement



Complete financing
or insurance
paperwork

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Final steps



- 
- **Set follow-up appointment**
 - **Walk out/final counseling**
 - Walk the patient and POI out and comment on things like the door chime and traffic.
 - Remind them that it is a noisy world and that there is so much to enjoy.
 - Congratulate them and make sure they remember that you'll call to check on them in 24 hours and that you're always available if they need you.



Is it
different?

Testing and
Delivery for an
experienced user



Testing and delivery for an experienced user

- The tendency is to dramatically shortcut tests and deliveries on experienced users and that may bring you trouble and an unhappy patient.
- Think about the changes in technology over the past 5 years:
 - extension of the high frequency range
 - Vast Improvements in directionality
 - Rechargeability
 - Just to name a few
- The change in technology is going to help them hear better, but the hearing aids are going to sound and operate differently.

Testing for an experienced user

- When you have an appointment with an experienced user:
- Prep – look at patient history – audiograms, case history and service history. Do otoscopy and a complete test – look for any changes in pure tones and speech testing
 - Make sure that you do a case history
 - Has their lifestyle changed? What issues with hearing are important to them now?
 - Previous aids
 - What do you like about your current instruments?
 - What situations would you like to improve with new instruments?
 - Demo and sound field
 - Present options



Delivery for an experienced user

- When you deliver:
 - Reaffirm that they have made right decision to replace their older instruments
 - Operating instructions
 - Counseling
 - Be sure to point out the differences in technology and how much better they're going to hear in situations that are important to them.
 - Their brain will need to adapt to the differences in the way the hearing instruments sound, so you'll be following them closely to adjust the aids if necessary.
 - Answer any questions
- Financial obligations and paperwork
- Set follow-up appointment



Follow-up

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First phone call

- Call within 48 hours after delivery
 - This call gives you the chance to talk to the patient before they come in with initial issues.
 - Reduces buyer's remorse
 - The first few days can be frustrating and/or confusing. The call shows the patient you care and are there to help. The patient will also know that you are thinking about them.
 - This first call also gives you some idea what to expect at their one-week follow-up
 - Gives the patient a chance to ask any questions they forgot during delivery
 - Discover any issues such as discomfort or feedback so you can get them back in immediately





Follow-up Schedule



Weekly follow-ups for
the first month



After month one,
schedule every 3-4
months for a check-up



Schedule an annual
retest once a year



Remember Remote
Care and Remote
Care Live!

First appointment after delivery

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- PCC calls to confirm and makes sure the party of influence will be with the patient
- Review the audiogram
- Review the case history
 - What compelled the patient to get help?
 - Church?
 - Grandkids?
 - Restaurants and social gatherings?
 - Work?

❖ This knowledge will guide you during the follow-up to the issues that are important to the patient in their daily lives and shows that you listened and care about the patient's needs.

Preparation



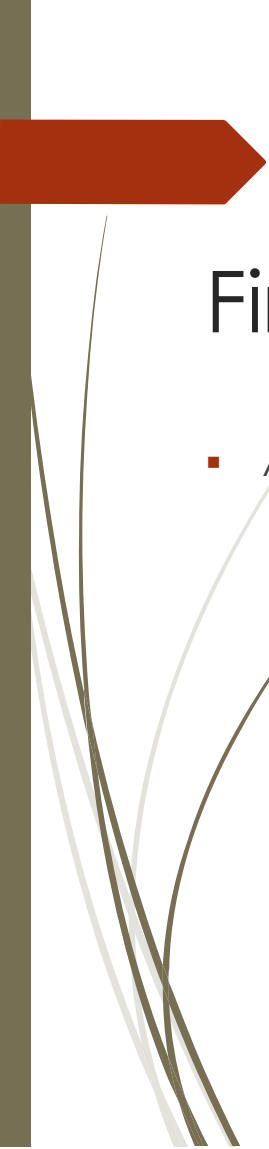
First Appointment after Deliver

- Greet the patient
 - Don't jump right into asking about possible problems
 - Give the patient and POI a chance to talk about what is on their mind, any questions or concerns
 - Write them down.
- Can the patient operate the hearing instruments:
 - Insert and remove?
 - Clean?
 - Operate the button/remote control?
 - Change battery or use charger?
 - Are they using the app? If yes, assess what they are using it for and are they having success with it? Show them any additional features in the app that they might enjoy



First Appointment after Delivery

- Use the case history and ask how he/she are doing in key situations and common environmental settings – remember to write it down!
- Discuss:
 - One-on-one conversations
 - Group situations: family gatherings, social groups, church
 - Background noise: restaurants, sporting events
 - Work
 - Telephone and TV
- Dig deeper so you have the information you need to address the issue: for example, if it was a restaurant, ask about the noise level and where they were sitting.
 - Once they describe the situation, are their expectations realistic?
 - Is this a situation that requires adjusting, counselling or both?
 - The tendency is to run to the software – remember that there are situations where normal hearing people can't hear!



First Appointment after Delivery

- Address the issue.
 - If it is a problem in the patient's mind, then it should be a problem in yours, but the issue should be addressed on your terms and recommendations.
 - For example, a patient may want the aids adjusted so they can't hear their own voice – if you do that, they won't have enough gain.
 - Troubleshooting is a combination of counselling, programming and modification.
 - Remember that it takes the brain time to adapt to listening again, so don't jump immediately to the software.
 - Think about their expectations and counsel the patient and party of influence.
 - Counselling and setting expectations during delivery and follow-up are among your most powerful tools!



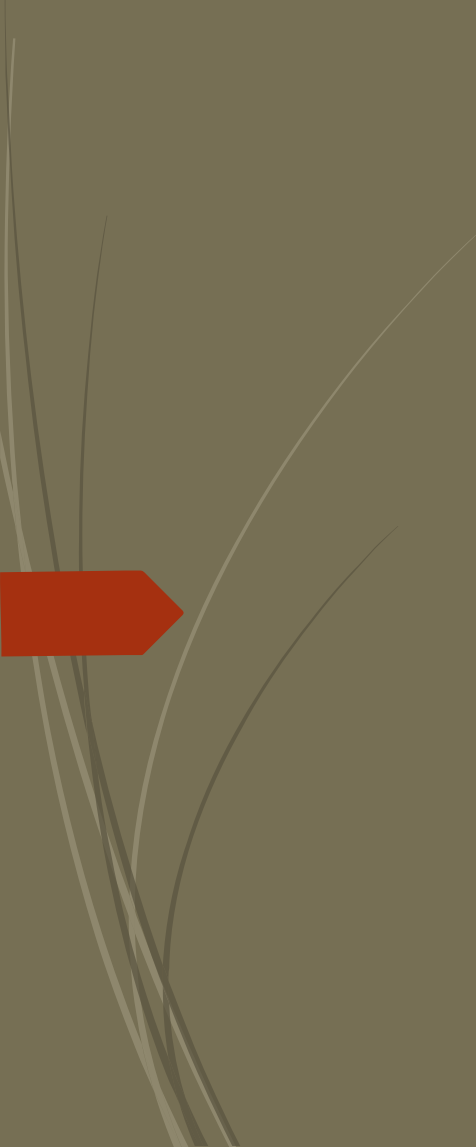
First Follow-up after Delivery

- Go over their homework and assign homework for week two:
- Week two homework
 - Increase the number of people you are communicating with.
 - Try a few noisier situations – use your case history and suggest they try something they like – playing cards, etc.
 - Go to a restaurant
 - Talk to them about what environment is best – away from the kitchen doors or the restrooms.
 - Remind them that there are certain restaurants (and environments) where even people with normal hearing can't hear.
 - Consider using a Survey? Validate! Have them take it Pre-and Post!



First follow-up after Delivery

- **Review**
 - Review what was discussed and what you have done to help
 - Make sure they don't have any more questions
 - Talk with the patient and party of influence about what to expect next.
 - Walk the patient to the front and schedule their next appointment.
 - Make sure that if they have the app that Remote Care is turned on in the software and they can find it on the app. Review Remote Care Live if applicable.
 - Ask for referrals



First Month after Delivery

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First Month after Delivery

- It is recommended that you see the patient weekly during the first month.
- Each appointment should follow the same process as the one-week follow-up appointment
- Be sure to take into account their wearing habits
 - Be sure the patient is wearing his/her hearing instruments all the time
 - If not, review their audiogram and auditory deprivation
 - **At one month, validate that the instruments are working properly and benefiting the patient.**
- Be sure to ask for referrals at each appointment



- Benefit to the patient can be defined as the difference between unaided and aided performance. You can do this:
 - Subjectively with questionnaires
 - APHAB
 - HHIE
 - Glasgow
 - IOI-HA
 - These questionnaires assess the patient's perception of their listening capabilities across multiple situations with and without amplification
 - Objectively with unaided vs aided speech recognition tests

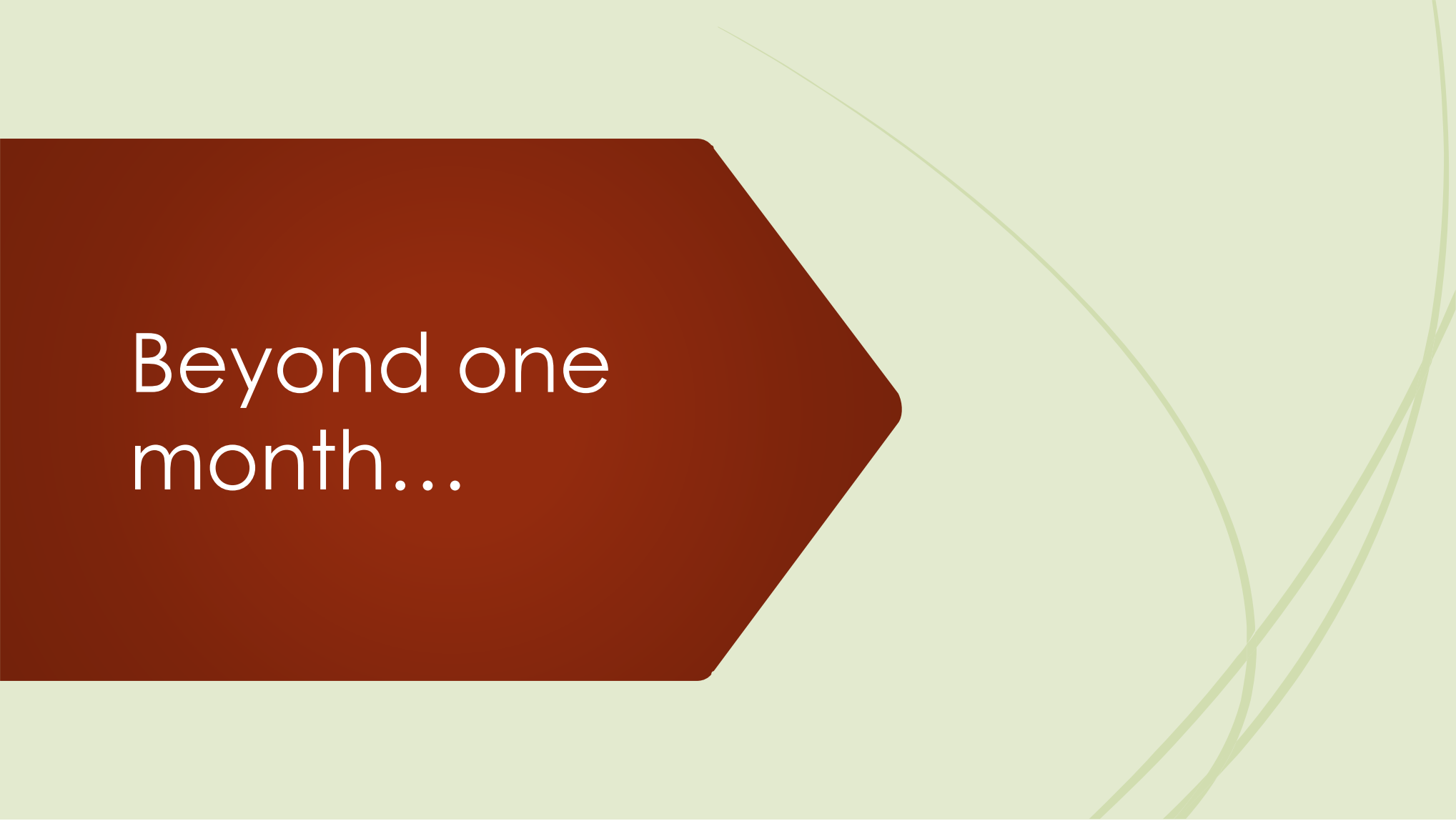


Validation

At One Month

- Most patients should be well established at the one-month visit
- **Red flags**
 - Not wearing their hearing instruments full time
 - Patient has gone back to wearing old instruments
 - Patient and/or POI stating they don't notice a lot of difference
 - Still complaining about their own voice
 - Frequent feedback
 - They come in with the bag in their hand

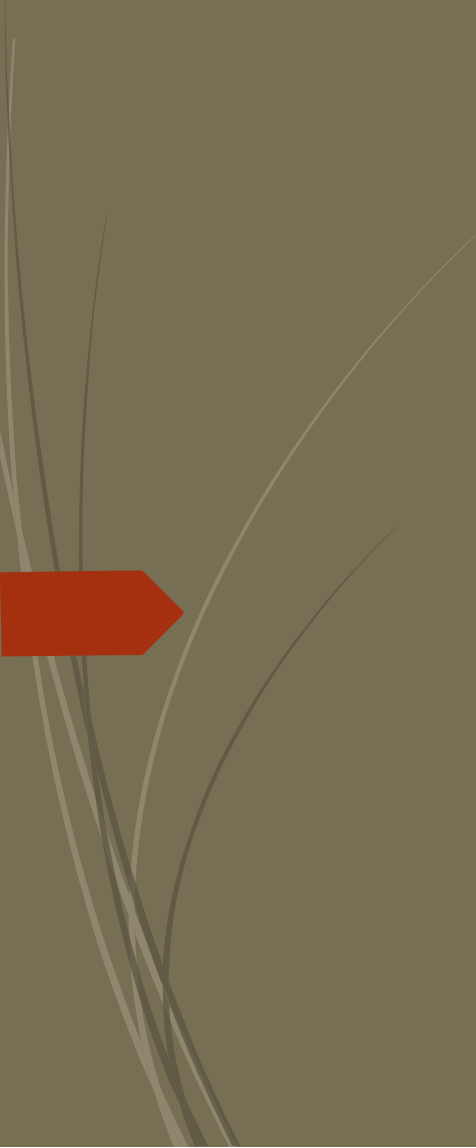




Beyond one
month...

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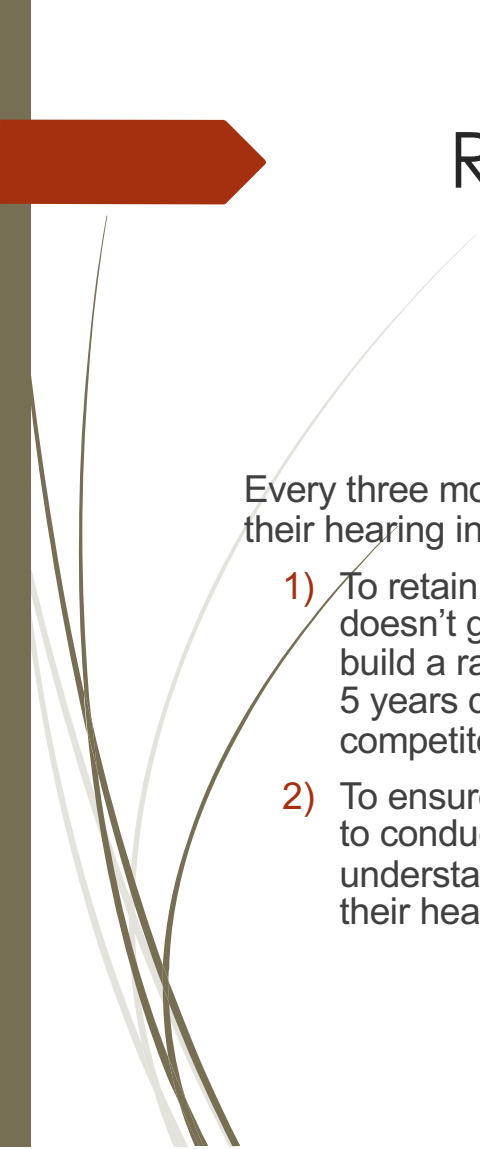


Regular check-ups

Your commitment to your patients should be that you will be there for them when they need help.

Once the patient is satisfied with their fitting:

- Patients should be scheduled every 3-4 months for a check-up
 - There could be changes in the patient's hearing
 - Hearing instrument performance could change over time
 - Helps maintain the relationship with the patient
 - Resales
 - referrals



Regular Check-ups

Every three months, patients should be scheduled for an appointment for routine maintenance of their hearing instruments. Here are the 4 main reasons service appointments are so important:

- 1) To retain our patients, and build a close relationship with them - Remember, hearing loss doesn't get any better, but hearing technology does. If you get to know your patients, and build a rapport with them, they'll be more likely to buy new hearing instruments from you 4 to 5 years down the road, or when they're ready. If you're not taking care of your patients, your competitors will.
- 2) To ensure the instruments give the patients their maximum hearing potential - Take a moment to conduct a quick, 10 to 15-word aided sound field test to ensure that the patient is still understanding well. If they're not reaching their discrimination scores, then it's time to retest their hearing, make adjustments, or consider more advanced technology.



Regular Check-ups

- 3) Preventative maintenance - Wax and moisture will damage the hearing instrument over time. It's important to have the instruments inspected on a routine basis (much like getting the oil changed in a car).
- 4) Opportunity to ask for referrals - As many of you know, word of mouth is the best form of advertising.



Don't just clean the instruments and say "have a nice day" or "what do you need adjusted today"? Make the appointment valuable!



Check-up musts...

Before patient arrives,
check their case history
and notes from previous
check-ups

- Was the patient having issues at their last check-up? For example:
 - Didn't think they were hearing as well?
 - Problems with restaurants? Church? Family gatherings?
 - Sound quality or feedback?

Otoscopy

- Hearing and hearing instruments always work better without excessive wax build-up

Clean and check hearing
aids

- Does the patient need additional instruction on care of their instruments?



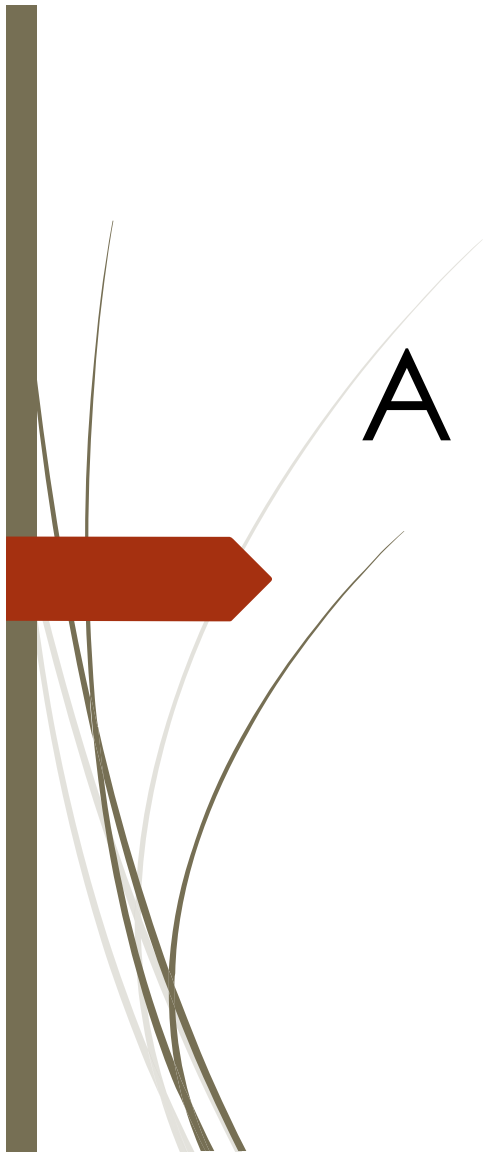
Ask about...

- ▶ Listen carefully and then repeat the problem back to them to make sure you understand the issue
- ▶ Dig deep to find out:
 - ▶ Are there expectations unreasonable? Is this a place for counselling?
 - ▶ Do I need to adjust the hearing aids? If you adjust, follow up with the patient in a few days and find out if the adjustment worked.
- ▶ Take notes



More musts...

- ▶ 3-year-old and older – discuss and demo new technology
- ▶ Conduct a new hearing test each year
 - ▶ Compare a/c, b/c and speech to the previous test



A regular check-up is not
just a check-up

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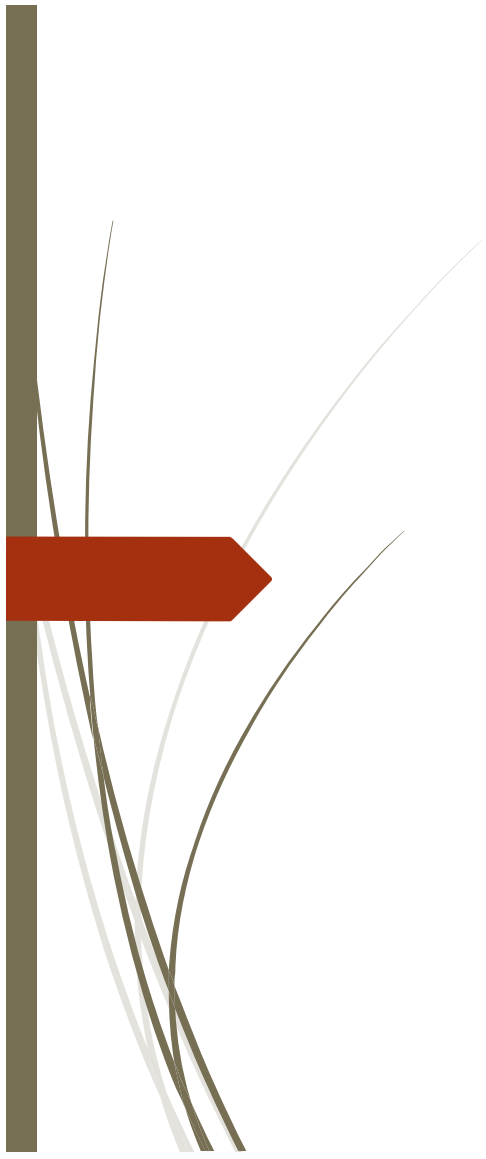
A check-up is an opportunity!

Resale

Upgrade

Referrals

Keeps the patient tied to you



With all the options available...
what makes your practice
stand out?

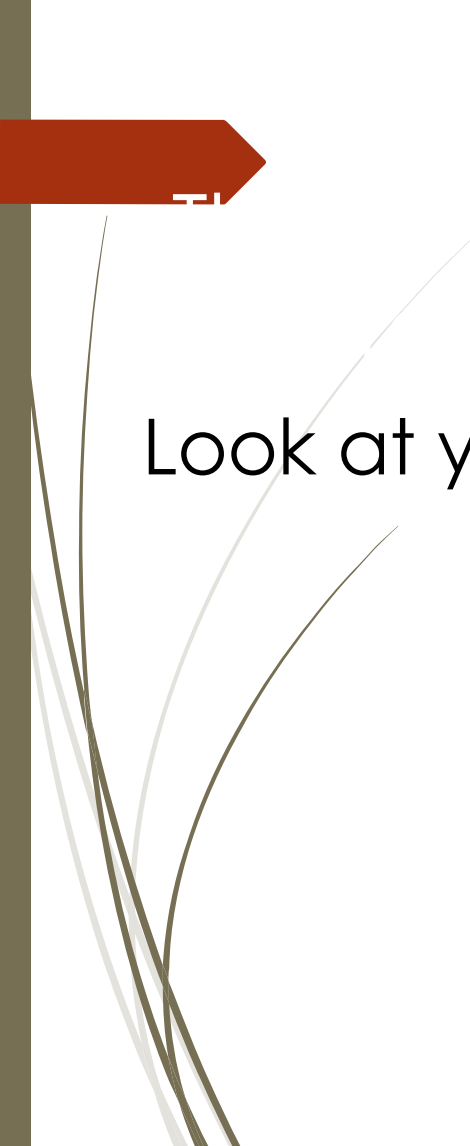
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Look at your
practice!!!

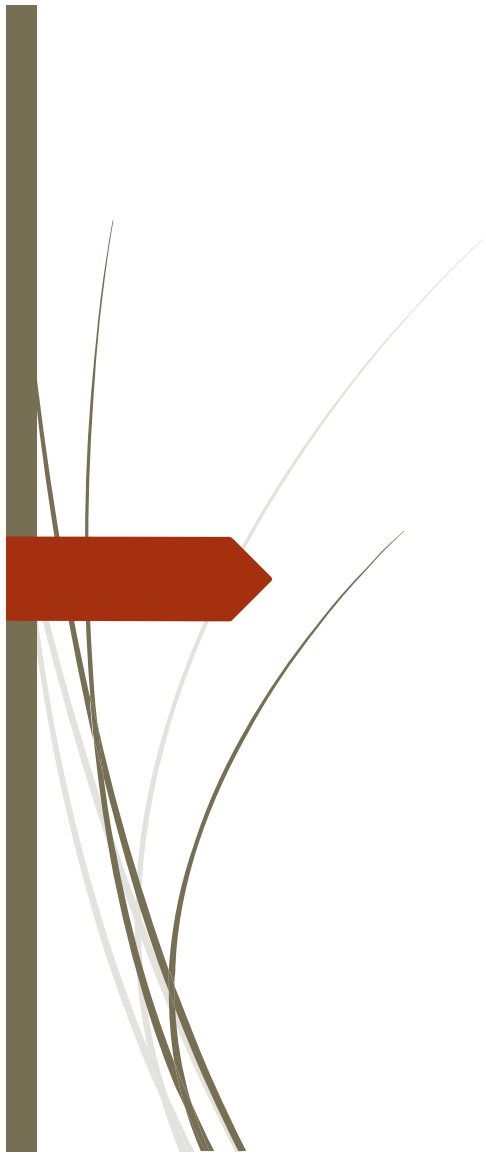
- State of the art technology
- Hearing instruments for every budget and lifestyle
- Great delivery
- Regular follow-up



Look at your practice

YOU

- Doing what is in the best interests of your patient
- Being current on products
- Being knowledgeable and
- Keeping your promises



Thank you!!!

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