

## 7.2.1 – Describe at least two institutional best practices

### Best Practice No. 1:

- 1. Title of the Practice: Hearing Aid Dispensing**
- 2. Objectives of the Practice:** At AIISH department of Audiology has been successfully running a hearing aid dispensing scheme since 2006-07.
- 3. The Context:** Through this scheme, persons with hearing loss can procure the prescribed hearing aids at a discounted rate which are being dispensed to the needy population. These hearing aids include devices other than those dispensed by the Government of India under the ADIP scheme.
- 4. The Practice:** A number of hearing devices including different types and models of hearing aids and Assistive Listening Devices (ALD) are available for trial. Usually, hearing aids are prescribed to those who do not benefit from a medical line of treatment. The hearing aids prescribed include body level and ear level (Behind-the-ear, spectacle, in-the-ear, receiver-in-the-canal hearing aids, in-the-canal completely-in-the-canal hearing aids) devices. Conventional and digital hearing aids are available for testing clients. Specific evaluations are carried out to assess the benefit of hearing devices in order to select the most appropriate device for the client. For eligible clients, body level hearing aids are provided free of cost or at a subsidized rate under the scheme of Assistance to disabled persons for purchase/fitting of aids/appliances. ALDs help persons with hearing impairment to obtain additional information in situations where a hearing aid alone may not be sufficient. These devices enhance the perception of the signal, such as the sound of a doorbell, telephone ring, aid in a telephone conversation and listening to television.
- 5. Evidence of Success:** This fund has been quite successful and is viewed as one of the best clinical role models in India. Under this scheme, persons from all socioeconomic status are availing of hearing aids at a very subsidized rate. This scheme is in consonance with the medical scheme of the Government of India titled the Jan Aushadhi Scheme. This scheme of

AIISH has resulted in cutting down the cost of hearing aids by more than 30 . Thus, resulting in better affordability and accessibility of hearing aids to persons with hearing loss.

**6. Problems Encountered and Resources Required:** The main problem faced in this scheme is that some of the Hearing Aid companies have not signed an agreement with AIISH to provide hearing aids at subsidized rates. This is mainly due to either the policy of the company or the policy of AIISH in terms of flexibility and reaching to them.

- Client Welfare Fund
- Specialization of PG, PhD, PDF programs
- Student Aid (Interest-Free Loan)

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### Best Practice No. 2:

1. **Title of the Practice:** Outreach Service Centers
2. **Objectives of the Practice:** To reach the unreached across the country as to make services accessible and affordable to one and all.
3. **The Context:** The clinical activities are not only restricted to in and around Mysore but also extended to rural areas where facilities for clinical services for persons with communication disorders may not be available.
4. **The Practice:** Eight OSCs have been initiated to meet the objective of extending services of the institute to rural areas. The OSCs are functioning as a well-equipped unit in taluk level/PHCs/CHCs for screening, diagnostics and therapeutic services for persons with communication disorders. The services include all the screening programs along with Speech and Language evaluation, Audiological evaluation, ENT evaluation, Speech-Language therapy, Issue of free body level hearing aids and earmolds. 8 Out-reach Service Centres at Primary Health Centre/Community Health Centre/Taluk (Nanjangud, K. R. Pete, Sarguru, Sagara, Gulbarga, Kodagu, K R Nagar Belagavi) and 14 NBS centres (Ajmer, Bhagalpur, Cuttack, Imphal, Jabalpur, Lucknow, Puducherry, Ranchi, Sarguru, Shimla, Delhi, Mumbai, Patna, Kolar).
5. **Evidence of Success:**

Each of these OSC has been carrying out the following activities:

- a) New-born screening for communication disorders:

It is the first step towards ensuring babies ability to effectively communicate. All the new-born/infants must undergo communication screening within 1 month of age, so that early identification and rehabilitation can be provided, if at risk, and facilitate better communication skills. Newborn/infant screening is carried out in 19 hospitals in and around Mysuru.

- b) Screening of Pre-school/School Children for communication disorders:

Apart from newborns, the department also focuses on school children at various levels such as preschool, primary, secondary and higher secondary in order to monitor typical communication development and also to prevent the occurrence of communication disorders in children. School children are screened for any congenital or acquired hearing impairment and developmental or acquired speech and language disorders, reading and

writing disorders (learning disability) and phonological skills during the developmental period.

c) Hearing screening for Industrial Workers:

Screening the hearing of industrial employees working in industries with potential noise-induced hazards for hearing is carried out regularly. Programs in this direction focus on screening the hearing of employees for the presence of noise-induced hearing loss. It also involves educating the employers and employees about the ill-effects of noise in general on hearing through orientation and sensitization programs, suggesting ways for conservation of hearing and protection of the ears through the use of a variety of ear protective devices etc. A Follow-up diagnostic evaluation of every employee at risk for noise-induced hearing loss or for hearing loss developed due to exposure to noise is carried out at the institute whenever required.

d) Tele newborn screening services:

Even though various screening programs were actively carried out in identifying the risk for communication disorders, it is incomplete without the actual diagnosis and it does not serve the purpose of our objectives. Hence, all the individuals who were identified as at-risk for communication disorders through screening tests are referred to AIISH for detailed evaluation. Appropriate management strategies are also recommended for early rehabilitation.

e) Camp for identification of communication disorders:

Camps are conducted at various places within Karnataka and other states of the country to cater to the needs of persons with communication disorders. The campsite is based on the requisition from any organization, sponsored by NGOs and state and/or district government agencies.

f) Bedside screening for cognitive, communicative and swallowing disorders:

The Department of Prevention of Communication Disorders (POCD) had initiated a new program that allows for bedside assessment and intervention in adults undergoing acute care for any neurological or head and neck surgery conditions which are known to lead to speech, language, cognitive and swallowing impairments. It is essential and it will enable early identification of speech, language, cognitive, communicative and swallowing issues in adult population to identify these problems using standardized protocols. Those who fail the screening will be provided with bedside intervention guidelines and will be referred for detailed assessment to AIISH.

## **6. Problems Encountered and Resources Required:**

The major problems encountered at OSCs are

- A) Follow-up of patients – As the treatment of communication disorders is long term process there are frequent dropouts. Follow-ups have been made through phone calls and personal visits.
  
- B) Maintenance of the equipments – because of the regular use the instruments such as Audiometer, Immittance meter go out of calibration. Due to unavailability of trained personnel to calibrate currently the instruments are sent to AIISH and are calibrated at the AIISH. This is a time consuming process.