



Hearing Aid Replacement and Renewal

The Hearing Aid Replacement and Renewal standard reflects best practice and it is recognised that the concepts of best practice may change with time. As we are unaware of any existing standards for replacement or renewal of hearing aids, this standard exists as a unique document. Changes to this standard may occur with changes in hearing aid technology and/or any amendments to the Hearing Aid Selection, Fitting and Follow-up Standard.

Expected Outcomes

- This standard was developed to provide reasonable grounds for renewal or replacement of a hearing aid through either consumer payment or third party funding. It is expected that this standard will provide a clear separation between the clinical decision of recommendation for a replacement hearing aid(s) from the issues of funding or funding agency regulations.
- The clinical recommendation for hearing aid replacement is largely an audiological decision.
- The opinion of an Otolaryngologist should be sought when a medical condition or possible surgical remediation may influence the decision.
- The decision to replace or repair a hearing aid is made in a cost effective manner for all parties involved.
- The replacement will be based on one or more of the following indications:

Clinical Indications

Hearing aids need to provide reliable and appropriate amplification in order to meet the audiological and listening needs of the wearer, provide wearer safety and maintain quality of life and a satisfactory rehabilitative outcome for the user.

Reasonable grounds for the replacement of hearing aids would include:

- A repair is not possible.
- An instrument repair is deemed uneconomic or not worthwhile by the client or funding agency following advice from the audiologist and manufacturer on the relative costs of repair and replacement, the likely viability of the aid after repair, and the potential advantages of a new aid.
- The hearing aid wearer's needs change significantly through changes in hearing thresholds, speech discrimination abilities or amplification requirements and/or changes in listening requirements.
- Technology upgrade is recommended due to the availability of new technology that would significantly better meet the wearer's needs.
- The hearing aid fitting is deemed inadequate based on objective and subjective measures of aided performance.



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Clinical Process

An Audiologist will establish the reason for the need to replace/renew a hearing aids) by considering the indications listed above and will provide documentation which could include:

- Obtaining a technical report and repair history from the hearing aid manufacturer stating that the hearing aid is unable to be repaired, or alternatively stating the likely cost of repair and the opinion of the manufacturer on the viability of the aid if repaired.
- Demonstrating changed amplification requirements that cannot be met by the current hearing aid(s). If a change in hearing thresholds is suspected by the Audiologist, Pure Tone Air and Bone Conduction Audiometry will be performed (refer to NZAS Standards of Practice; iv) Standard Audiological Assessment). In some cases, more extensive assessment of auditory function may also be performed to support the decision to change amplification.
- If the wearer's social, recreational, educational or occupational listening needs have changed, these changes will be documented by the Audiologist. This may be in the form of a needs assessment tool such as the Client-Orientated Scale of Improvement (COSI), (Dillon et al., 1997), Glasgow Hearing Aid Benefit Profile (GHABP) (Gatehouse 1999) or the Paediatric Hearing Demand, Ability and Need Profile (Palmer and Mormer 1999).
- If a decision is made by the Audiologist to proceed to replace or renew a hearing aid(s) based on the outcome of one or more of the above, refer to Hearing Aid Selection, Fitting and Follow-up Standard.
- The Audiologist's decision on the type of replacement hearing aid(s) will be based on the suitability of a hearing aid relative to the wearer's current listening needs and other physical characteristics such as excessive moisture, wax, discharge and physical occlusion. Suitability will encompass such factors as known performance of the brand and model, technical and design features, cost of purchase, likely lifetime maintenance costs, and the quality of service available for the selected brand.
- When a fitting is binaural, replacement hearing aids should be matched in terms of technology eg: in insurance claims where one hearing aid is lost. When a user has binaural hearing aids and only a single hearing aid needs to be replaced, consideration needs to be given to ensure the client is not disadvantaged by having two different models and in some cases both aids may need to be replaced to match technologies.



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Documentation

Documentation contains identifying information, pertinent information (eg. Manufacturers report), assessment results and needs evaluations and results of verification and validation of hearing aid fitting.

References

Dillon H, James A, Ginis J. (1997). Client Orientated Scale of Improvement (COSI) and its relationship to several other measures of benefit and satisfaction provided by hearing aids. *J Amer Acad Audiol*, 8(1): 27-43.

Gatehouse S.(1999). Glasgow Hearing Aid Benefit Profile: derivation and validation of a client-centred outcome measure for hearing aid services. *J Amer Acad Audiol*, 10 (2): 80 – 103.

Glasgow Hearing Aid Benefit Profile (27 June 2002)
<http://www.ihr.gla.ac.uk/ghabp/>

Palmer C and Morner E. (1999). Goals and Expectations of the Hearing Aid Fitting. *Trends in Amplification*, 4 (2): 61- 71