

ASKLEPIOS AWARD

Kategorie: Innovation in der Medizin 2012

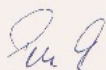
3. Preis

Etablierung eines hochspezialisierten Versorgungsangebotes für Patienten mit Cochlea-Implantat

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Die Konzerngeschäftsführung
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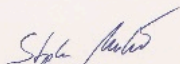
Dr. L.C. Peter Coy



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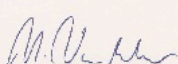
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 **ASKLEPIOS**
Gemeinsam für Gesundheit



- < 110 CI clinics in Germany
- Surgery is crucial, average 90 min but it's not everything
- Implantation of high quality
- But what about fitting, rehab and aftercare?
- Patient sees surgeon some days, but lifelong care by rehab team is crucial
- Approximately 5000 operations in 2022. A total of approx. 50 000 CI user in Germany
- Bosenbergclinic 700 Rehab CI in 2022
- Advantage near-home care. What about the quality of care?

Hear the signals!

- Self –help associations as DCIG ,DSB,DHV and clinics receive complaints about hearing quality!
- Our report CI SERVICES MATTER shows lack of rehab
- You need time for therapy, fitting and logopedic support
- You need more time for matching the technical devices.
- Lots of CI users don't know the possibilities of their speech processor: using the technical devices, how to use CI tools.
- Listening in peace usually succeeds. For higher requirements, such as hearing in noise, room acoustics, sound localization there are still large deficits
- As a result, deficits in professional and social re-integration

- Sometimes it seems even after month or years that CI user only drive a bike and they don't know that they have a racing car.
- So surveys asking for satisfaction gives fault answers, because many CI users don't know the potential .
- Two thirds of our CI users wish for more information about the possibilities of their device before CI.
- They have right of information and education.
- Meanwhile the most effective way to get a good rehab in Germany is word of mouth information from patients with good results.

- Patients vote with their feet and distance from home is not the most important factor
- More important is good quality of results.
- Patients need motivation and accompaniment.
- Groups of peers are important to share the experience: never walk alone is important for CI user.
- Group experience is very cost effective.
- CI café.

- **Control:** Who provides the CI indication?
Otolaryngologist, audiologist, ENT clinic
- **Responsibility:** CI surgeon is responsible for the entire process (guideline)
- **Guidelines AWMF CI describe rehab team**
- **The Living Guidelines describes the rehab team too**
- **Education:** Not only about surgical risks! Also about rehab, alternative options.
- Info about length of reintegration time
- Not everything has to be done the CI hospital
- **CI Networks** need to be created

- **Aftercare:** Lifelong aftercare? Who is responsible
- Surgery clinic, cochlear implant centres, ENT specialist, audiologist, cochlear implant engineer?
- We need training, certification, evaluation, CI register and data
- Which funder is responsible for what?
- Distribution of funding between Health insurance and pension insurance.



- Aftercare outpatient or residential?
- Block of 3-5 days in rehab.
- Not only technical control but update, upgrades
 - New sound processor, update fitting strategies,
- Hearing aid options and CI tools
- Communication problems often cause difficulties in the workplace and in society
- Listening is exhausting = hearing stress

- Hearing improvement in a quiet environment
- Improvement of hearing in noise situations (reverb, background noise, background music, large rooms)
- Rapid occupational re-integration (3-6 months)
- Participation in family, social meetings and group (social participation)
- Participation in public events
- Participation in multimedia systems (telephone, landline, mobile, video telephone ...)
- Avoid co-morbidity (depression, exhaustion, Tinnitus, dizziness)
- Nonverbal Requirements Music, Nature, Sport, Swimming

- High-quality specialist rehabilitation is necessary today
- High technical and personal expertise necessary
- Accessibility requires a lot of effort
- This can only be economically represented in large specialized facilities
- Educational Concepts of Communicating Information for CI User Efficient
- **Rehab is not a rest home, but rather a gym for the ears**



Hearing training groups daily differentiation by hearing status

- Set to changing call partners
- Improvement of the own articulation within the group. How am I understood?
- Recognizing and respecting the communicative needs of others
- Listening with and without technical accessories
- Holistic communication, watching, hearing tactics, discussion structure, feedback



- Build resources
- Significant increase in attention span and training time in rehab
- Rhythmic and melodic training
- Awaken old memories of music
- (Dancing) can become an additional resource
- CI Choir
- Relaxation training



- With / without subject specification
- Known / unknown topic
- With / without technical accessories
- With mobile / cordless phones
- Dismantling the fear of not understanding on the phone
- T-coil (inductive hearing with CI)



**80% of CI users should be Re-integrated
after 3 months**

Optimal REHA process is needed

**Cost Saving by reducing the total costs for
Re -Integration!**

**Convention on the rights of persons with
disabilities.**

Let's discover the hearing world with CI

Thank you for your attention

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