Flash of brilliance

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Service: Adult Speech and Language Therapy

Kent Community Health
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Aim: What were you trying to achieve?

In Adult Speech and Language Therapy, as with many other professions, it is becoming ever more difficult to recruit qualified clinicians to vacant posts. Despite it being well designed and well supported, our service has been unable to recruit to a clinical post in west Kent, which provided a service to our ever-growing care home patient caseload who present mainly with swallowing difficulties. After a number of attempts at recruitment, both permanent and bank, it was agreed to look for an agency locum. We were able to secure one who lived in another part of the UK and therefore only able to work remotely.

Telehealth is not a new concept in dysphagia management but, across the globe, the COVID-19 pandemic had resulted in a significant shift in harnessing virtual technology as a method of carrying out safe and effective swallowing assessments. As in many other trusts, our team had extensively explored the use of virtual appointments to assess the swallowing of our patients in care homes, but had found there were a number of barriers to and issues with this way of working including:

- Care home staff were pressed for time so agreeing an appointment time was difficult and time consuming

- Increased do not attends (DNAs) where it was not possible to get through to the care home or care staff were not available at the time the appointment had been arranged

-The care home had to have equipment such as a laptop, tablet or smartphone available to carry out a virtual appointment

-The clinical challenges of carrying out an appointment purely over the screen and not being physically present

- Data collected during the pandemic indicated that when virtual, the number of appointments needed to complete an episode of care increased from an average of 2.5 to 5. This is likely to be due to SLTs being more cautious in changing recommendations as their assessments were less accurate without the physical components outlined above.

Change ideas: What changes did you make?

In order to utilise the agency locum in the most effective and efficient way possible, we needed to rethink how virtual appointments could be carried out.

It has been extensively shown that having a trained facilitator present in-person with the patient is an important component of dysphagia tele management, however with more than 400 nursing/care homes across Kent, it is not feasible to train a facilitator in each venue. It was decided that to embed this learning and to overcome the barriers which had been identified from our own experience, the following changes would be implemented:

- A speech and language therapy assistant (SLTA) would work with the virtual SLT as a trained facilitator within the care home. They would act as the hands, eyes and ears of the clinician – carrying out their instructions, observing and listening for key clinical signs, giving feedback if the images were not clear and supporting the patient as needed.

--The virtual SLT would make the diagnosis and form the clinical recommendations for managing the swallowing impairment.

- The SLTA would liaise with the care home staff to make sure the SLT's recommendations were shared, understood and documented.

- The SLTA would arrange an appointment that was not dependent on the availability of care home staff.

- The SLTA would log onto the virtual appointment with the locum and the patient, having ensured the patient was ready for the session and appropriate food and drink was available saving the time of the SLT.

- The SLTA would then carry out review appointments (deemed within their clinical competence) independently drawing on the input of the virtual SLT as necessary.

Measures/results: What was the impact of the changes?

It has not been possible, due to how recently these changes have been implemented, to measure the direct impact on our waiting times and numbers and this is something we will be doing in the future. However, in the absence of an in-person SLT, without the virtual locum the waiting times for this client group would have continued to increase as the speech and language therapist adults (SLTA) is not able to carry out the assessment independently, as it does not fall within their competency.

The benefits that we are already able to observe include:

- Utilising the skills of the virtual therapist in the most efficient way.
- Enhancing the quality of the assessment by embedding the use of a trained facilitator within the virtual assessment process.
- Reducing DNAs and wasted appointment slots and the additional administration this incurs by not needing to rely on the availability of nursing home staff or telehealth equipment within the care home.
- The SLTA gained a better understanding of the patient's condition and management through their involvement in hands on assessment which enhanced their follow-up review of the patient.

Lessons learned and what's next?

It is said that necessity is the mother of invention and so it was in this situation. This approach to utilise the skills of a virtual locum has sprung from a "needs must" approach, however, having embedded a quality improvement (QI) approach into our service we have automatically started on a second plan, do, study, act (PDSA) cycle where we have reflected on the lessons learned from the use of virtual appointments during the pandemic and are now implementing a new set of change ideas.

What's next?

- We are going to measure the efficiency and success of this method of working and revise the model as necessary. We need to understand whether this method is more efficient, not only compared to our previous model of dysphagia tele-health, but also in comparison to an in-person SLT.

- Although this was "needs must" it is possible that if we continue to have difficulty recruiting a permanent local qualified SLT or it proves to be more efficient than having an in person SLT, then we may consider redesigning the service to include a permanent virtual care home post. If this proves to be the case we will consider:

    - Increasing the number of appropriately-trained SLTAs across the service (training existing staff).
    - Create dedicated virtual care home assessment sessions when a single therapist can see multiple patients across multiple homes, across the service.
    - Consider development of a facilitator training package for the larger nursing homes
    - Consider rolling out the service to include private residences and other settings.

- If, however, we are able to recruit or it is proved that this model is less effective than an in person SLT then this model could be used as part of our Business Continuity Plan when staffing levels do not allow for in-person care home visits by an SLT.

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