

**A Model of Speech & Language
Service Provision for Acute
Settings**

**Speech & Language Therapy
Kings College Hospital**

Lynne Clark 2015



Background

The role of SLT's within an acute NHS hospital setting:

- Poorly defined & lack of evidence base
 - Professionally compromised - dysphagia focused
- Armstrong 2003 Enderby 2002

Challenges ?

- Externally set timescales and outcomes
- Standard outcomes -“Under reflective of the challenges intrinsic to acute hospital SLT services” Johnson A, Jacobson B,2006,
- Lacking structure & a shared language
- Demands of a rapidly changing, newly accountable and patient focused NHS

Demands of a rapidly changing, newly accountable and patient focused NHS....

- High quality patient experience
- Compassion Equity and Excellence: Liberating the NHS, 2010
- Responsiveness ,tailored approaches – no decision without me Improving patient experience in hospital NHS Confederation 2012 www.nhsconfed.org
- Consistency within ethical and clinical reasoning / accountability
- Driving out waste / more for less / transform care whilst maintaining performance

**Opportunity to re-think
SLT service delivery at
KCH with the
development of a
model of acute care**



SLT Model KCH Pre & Post

PRE MODEL

- Generic prioritisation principles biased by medical diagnosis / site
- Initial ax
- Impairment driven management with generic outcomes
- Process based data

POST MODEL

- Prioritisation matrix across the Trust based on risk, potential impact and admission context
- Initial intervention based on immediate clinical need
- Streams of care with specific outcomes
- Outcome based data

King's College Hospital

Prioritisation, Streams & Outcomes Model Aims

- Working model to clarify the SLT clinical role based on patterns of clinical need (streams)
- Manage risk – SLT perspective
- Intervene where we have the greatest impact / relevant / achievable in setting
- Increase user satisfaction, use of advice, equitable access & SLT participation in decision making
- Inform others by model use regarding SLT service provision within the acute setting
- Provide data to develop SLT services and staff – contractual accountability

Speech & Language Therapy -Process



Referral
prioritisation
& acceptance

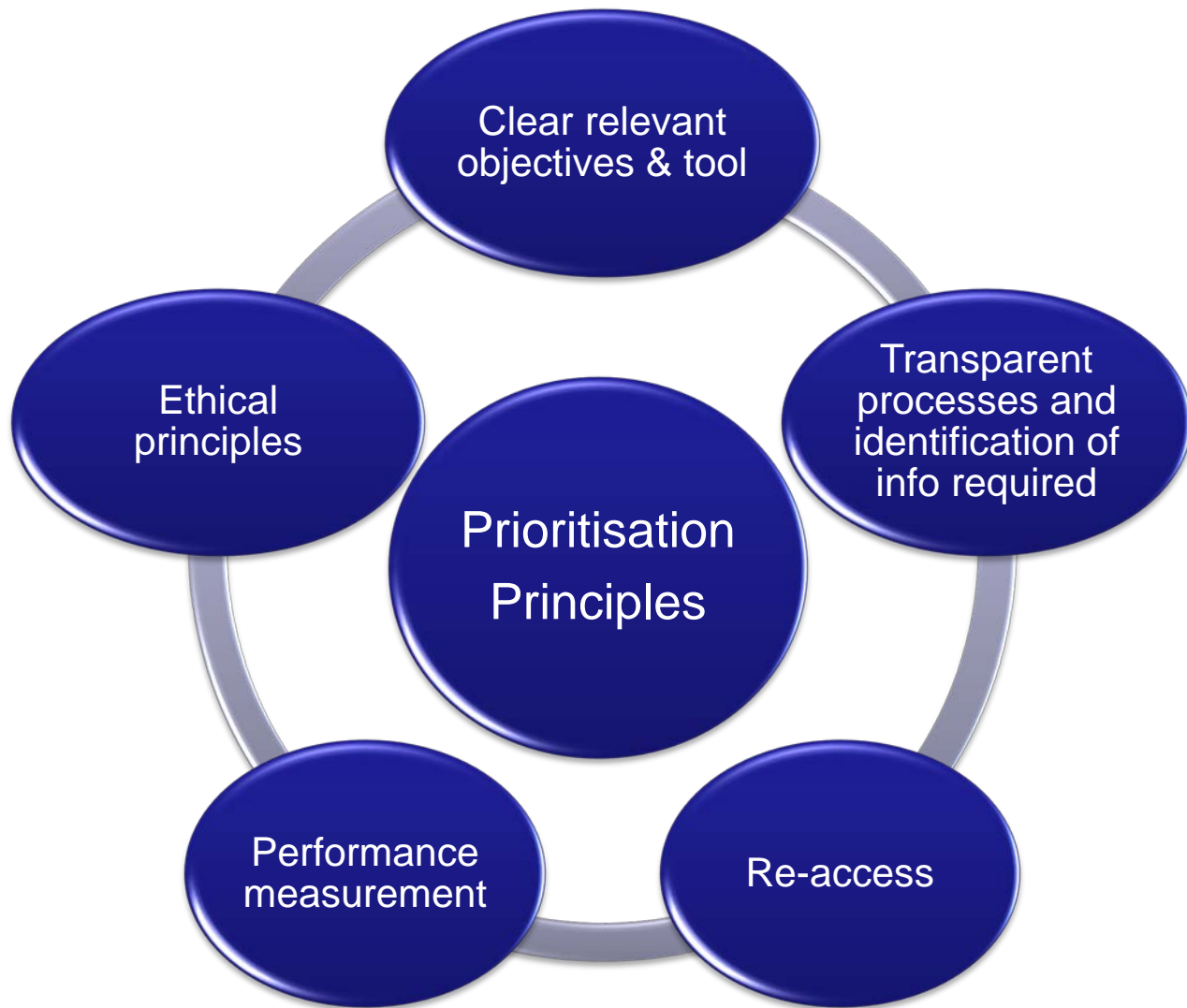
Initial SLT
intervention
& streaming

Outcome
specific stream
management

Prioritisation - Aims

- To use a transparent system of prioritisation on receipt of referral
 - which uses MDT information and SLT professional consensus within the Dept
 - to guide priority based on clinical need, select response times and acceptance / non acceptance
 - which by use, educates, informs and increases accuracy of referring information

Prioritisation Principles



Risk, Solution, Impact Tool Prioritisation

Speech & Language Therapy King's College Hospital

Communication & Swallow Risk Rating

- 1 Aspiration / obstruction of airway
- 2 Malnutrition & dehydration & medication management
- 3 Capacity / consent
- 4 Diagnosis required
- 5 Participation / choice & ability to engage
- 6 Development of Maladaptive behaviours / reflexes / disuse
- 7 Discharge date, destination or readmission, implications
- 8 Psychosocial / well being
- 9 Academic & vocational
- 10 General Safety of patient / others

Patient Name

Hospital Number

Based on MDT information, swallow screen result, EDD and recent EPR entries at time of referral

High Risk	Low Priority	Med Priority	High Priority
Mod Risk	Low Priority	Med Priority	Med Priority
Low Risk	No Action Required	Low Priority	Low Priority
	Low Impact with unlikely SLT solution	Likely Impact & SLT solution	High Impact & solution

PREDICTED ACTION BASED ON CLINICAL NEED & WORKFORCE CAPACITY

Date & Time Referral Received

.....

Date & Time Referral To Be Seen (or N/A)

.....

PREDICTED ACTION BASED ON WORKFORCE CAPACITY

- <4-6 working hours
- <10 working hours
- <15 working hours
- N/A - not accepted

PRIORITY RATING & RESPONSE TIME BASED ON CLINICAL NEED

- High priority (<4-6 working hours)
- Med Priority (<10 working hours)
- Low priority (<15 working hours)
- Low Risk & impact – Not accepted

“Thank you for the referral received at 8.30 today (12 06 2012) from nursing staff regarding Mrs P’s swallow function due to coughing noted on thin fluids. Referral prioritised using a Risk, Solution, Impact Matrix. Note EDD tomorrow (home).

OUTCOME - *referral prioritised as HIGH due to unmanaged risk of aspiration, risk of reduced fluid intake, inability to take liquid medications effectively and strong likelihood that the swallow function has potential to impact upon the estimated discharge date / or be associated with readmission / patient discomfort. No difficulty with communication reported.*

PLAN- *to assess swallow and guide / plan regarding discharge and advise / manage re: risk. Plan therefore to be seen within next 4-6 working hours. Should there be further information which would influence the prioritisation of this patient, please re-refer on EPR , or call ext 4466 to discuss with an SLT”*

Speech & Language Therapy -Process

- **Transparent risk, benefit, solution tool, documented SLT response to:**
 - **Clinical need, EDD,/ Capacity**
 - **Single episode <15 mins**

AIM
Referral
Prioritisation
&
Acceptance

AIM
Initial SLT
Intervention
& Streaming

- **Risk ax of communication and swallowing risk within the context of the clinical context & EDD and to guide specific IP stream & outcomes**
- **Single episode in 1 or more sessions**

- Acute Decompensation Aim & Outcome
- Specific Communication Aim & outcome
- Palliative Aim & Outcome
- Capacity Aim & Outcome
- Reduced Response Aim & Outcome
- Specific Dysphagia Aim & Outcome
- Risk Managed Aim & Outcome
- Behavioural Feeding Aim & Outcome

Stream
Specific
Outcomes

WHY? - Improving Organisations— Processes & Pathways



Systems which communicate service values (NHS Confed 2012)

Planned ahead **pathways**

Giving users what they need at the **time they need it**

Continual **user feedback**

Patient centred care



One size fits all approach

Lack of process for pathways within service

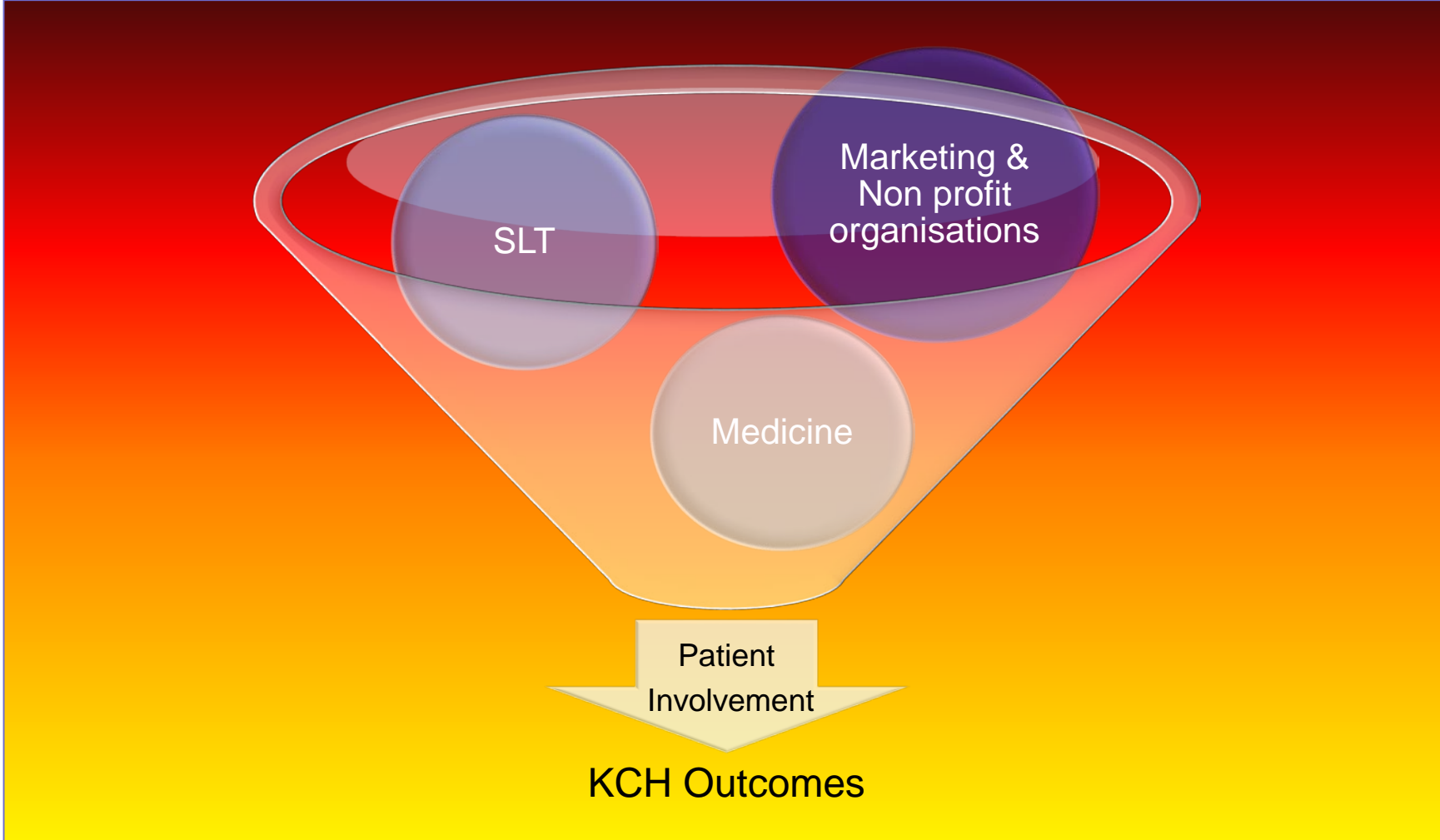
Lack of user views and adaptation to opinions



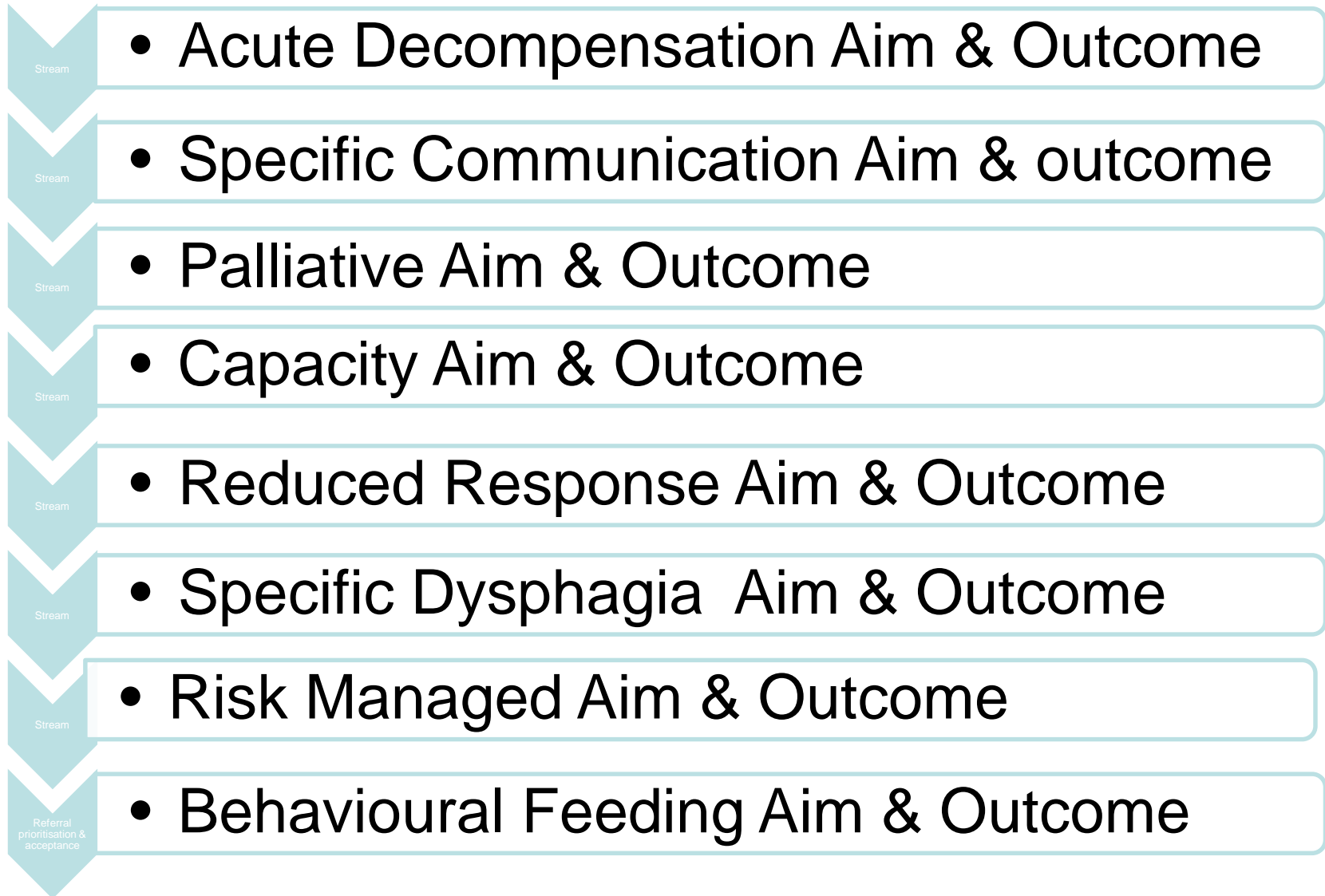
Key Features - Streams

- Understand & state professional value (non is waste)
- Identify and visualise the stream
- Analyse obstacles and non value steps
- Keep patients moving actively through
- Aim to monitor and continuously improve

Outcomes in the wider world



Outcome Focused Streams



EXAMPLE - Decompensated Stream Principles

- Timely and responsive monitoring of swallow and communication status required if safety compromised as patient travels along trajectory to avoid unnecessary short term compromise
- To highlight patients whose communication and swallowing skill presentation / trajectory does not correlate well with the general medical status
- Safe admission with no development of aspiration pneumonia and no readmission due to swallowing difficulties with a month of discharge

Decompensated Stream and Outcomes

Outcome Measurables

(Process, user, behaviour change, impact)

- Diagnosed asp pneumonia prior to discharge (Y/N)
- Brisbane in accordance with medical status score
- Specific swallow communication ax and information to support diagnosis (Y, N, NA)
- Patient / family satisfaction that they have been advised of strategies to optimise swallowing / comm in a way which they were able to use (Sat score)
- Patient, team or family member observed / reported to demonstrated effective use of advice (Y – State, N)
- Solutions advised supported EDD or demonstrated clinical reasoning for variance
- IV/NG/feed reduced / increased as consequence of recommendations

Risk Managed Stream & Outcomes Specific Aims EXAMPLE

- To maintain oral intake when it is the patients preference, or when there is a lack of viable medical alternatives
- To ensure patients, carers and medical teams are fully aware of risks (nature, degree, frequency, impact) and to ensure patients participate optimally in decisions regarding care through the ax of capacity or in the absence of capacity through 'best interest'.

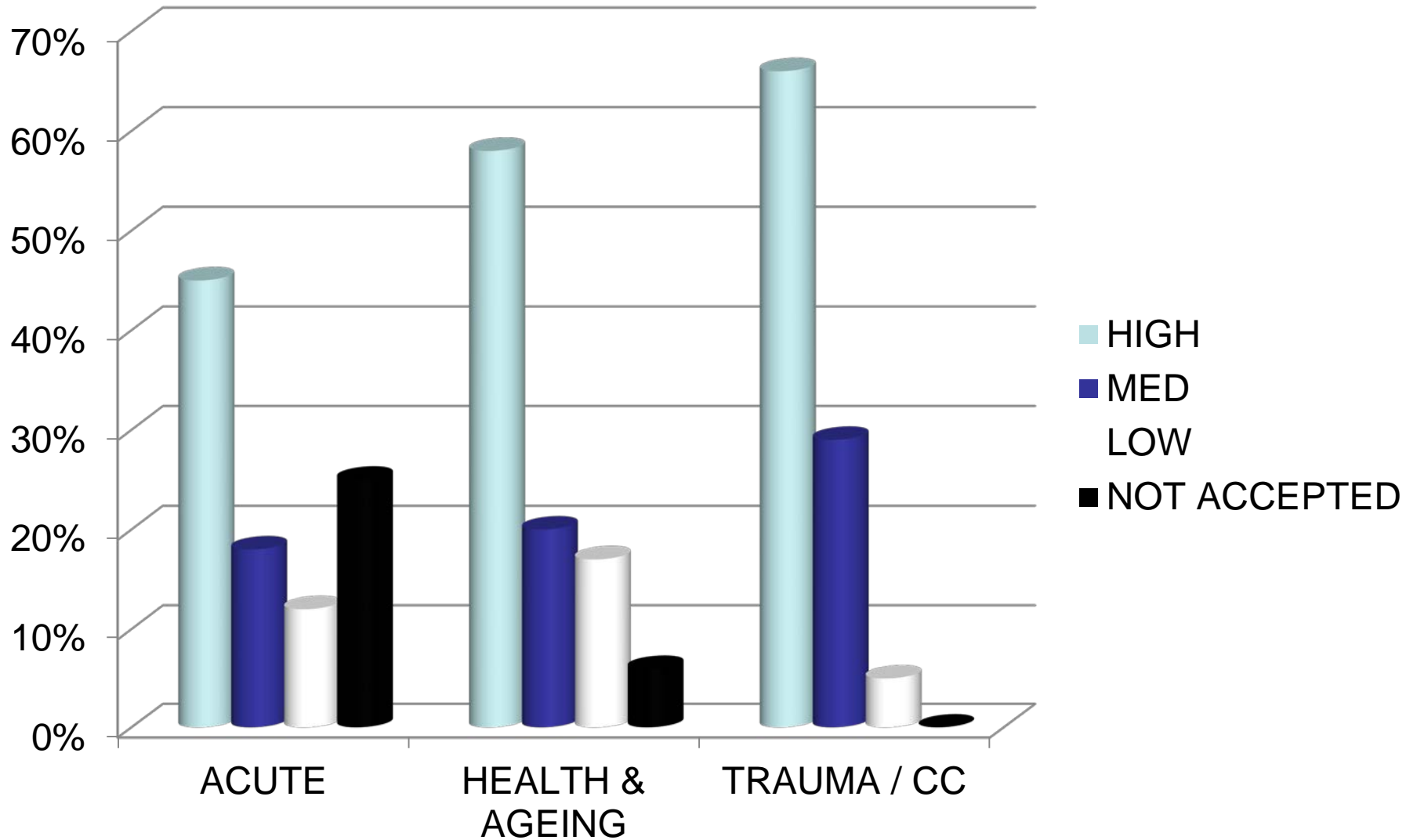
Risk Management Stream – Outcome Measurables

(process, user, behaviour change, impact)

- To have a documented statement of risk factors (what, who, frequency, degree consequences) and minimising, eliminating, alternative solutions (Y / N)
- Satisfaction - choices based on a statement of risk factors and solutions / alternatives (Sat score), including what to do if patient changes mind, improves, or deteriorates
- To have demonstrated capacity to make / support the decision, or for Best Interest process to have been instigated in absence (Y/N)
- **Close off episode following achievement of stream aims & outcome measurement**

Data Examples

Prioritisation Sample



Data Examples

Outcome Profile Example (Patient C)

Prioritisation

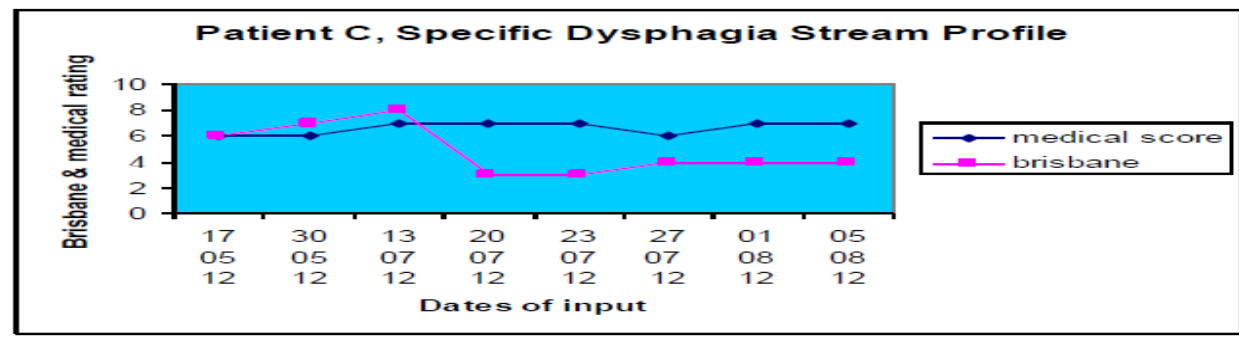
Medium - *seen >10 working hours* Ng insitu, physio's managing chest

Initial Intervention

Satisfaction Score	4
Clinical reasoning to select stream	Y
Factors affecting EDD stated	Y
Documented solutions to risks of concern	Would have benefited from advice re: medication consistency
Contacts	2
Time	75 mins
Action	Specific Dysphagia Stream (Profile in keeping with trajectory below)

Close of Specific Dysphagia Stream

Satisfaction score	2 Carer would have preferred more regular feedback
Advise use score	0
Aspiration pneumonia	Y
Factors affecting EDD / Place doc	Y



Data Examples

Outcome Profile Example (Patient A)

Prioritisation

Medium - *seen <10 working hours* –aspiration / nutritional/ hydration / medication risk not present as ng insitu)

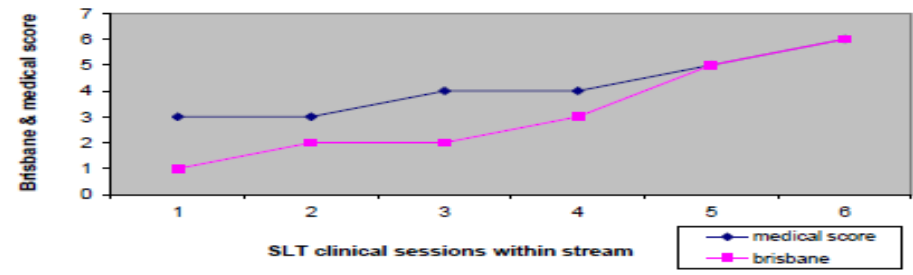
Initial Intervention

Satisfaction Score	4/4
Clinical reasoning to select stream	Y
Factors affecting EDD stated	N (Learning point – expected by staff in all entries)
Documented solutions to risks of concern	Y
Contacts	2
Time	70 mins
Action	Decompensation stream (Profile in keeping with decompensation stream below)

Close of Decompensation Stream

Satisfaction score	4/4
Advise use score	2/4 (learning point – reinforce night staff following of recs)
Aspiration pneumonia	N
Factors affecting EDD / Place doc	Y
Contacts	9
Time	6 hours 20 mins

Patient A Decompensated Stream Profile



Benefits for the SLT service

- Patient / Service /professional profiling - overt
- Education by use
- Increased consistency and equality
- Increased impact activity
- Increased satisfaction / use / user participation
- CPD / supervision / shared language
- Skill Mix
- Investment / CIP / more meaningful data