A Model of Speech & Language Service Provision for Acute Settings

Speech & Language Therapy
Kings College Hospital

Lynne Clark 2015
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
• 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

- Clear relevant objectives & tool
- Ethical principles
- Transparent processes and identification of info required
- Performance measurement
- Re-access
<table>
<thead>
<tr>
<th>Risk Rating</th>
<th>Low Priority</th>
<th>Med Priority</th>
<th>High Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Risk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mod Risk</td>
<td>Low Priority</td>
<td>Med Priority</td>
<td>Med Priority</td>
</tr>
<tr>
<td>Low Risk</td>
<td>No Action Required</td>
<td>Low Priority</td>
<td>Low Priority</td>
</tr>
</tbody>
</table>

**PRIORITY RATING & RESPONSE TIME BASED ON CLINICAL NEED & WORKFORCE CAPACITY**

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

**PREDICTED ACTION BASED ON WORKFORCE CAPACITY**

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

**PREDICTED ACTION BASED ON CLINICAL NEED & WORKFORCE CAPACITY**

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

**Date & Time Referral Received**

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

**Hospital Number**
“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
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

AIM
Referral Prioritisation & Acceptance

AIM
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

- SLT
- Marketing & Non profit organisations
- Medicine

Patient Involvement

KCH Outcomes
## Outcome Focused Streams

<table>
<thead>
<tr>
<th>Stream</th>
<th>Aim &amp; Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Acute Decompensation Aim &amp; Outcome</td>
<td></td>
</tr>
<tr>
<td>• Specific Communication Aim &amp; outcome</td>
<td></td>
</tr>
<tr>
<td>• Palliative Aim &amp; Outcome</td>
<td></td>
</tr>
<tr>
<td>• Capacity Aim &amp; Outcome</td>
<td></td>
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<tr>
<td>• Reduced Response Aim &amp; Outcome</td>
<td></td>
</tr>
<tr>
<td>• Specific Dysphagia  Aim &amp; Outcome</td>
<td></td>
</tr>
<tr>
<td>• Risk Managed Aim &amp; Outcome</td>
<td></td>
</tr>
<tr>
<td>• Behavioural Feeding Aim &amp; Outcome</td>
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</tbody>
</table>
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
• 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

Outcome Profile Example (Patient C)

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

Initial Intervention

<table>
<thead>
<tr>
<th>Satisfactory Score</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical reasoning to select stream</td>
<td>Y</td>
</tr>
<tr>
<td>Factors affecting EDD stated</td>
<td>Y</td>
</tr>
<tr>
<td>Documented solutions to risks of concern</td>
<td>Would have benefited from advice re: medication consistency</td>
</tr>
</tbody>
</table>

| Contacts | 2 |
| Time | 75 mins |
| Action | Specific Dysphagia Stream (Profile in keeping with trajectory below) |

Close of Specific Dysphagia Stream

<table>
<thead>
<tr>
<th>Satisfaction score</th>
<th>2 Carer would have preferred more regular feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advise use score</td>
<td>0</td>
</tr>
<tr>
<td>Aspiration pneumonia</td>
<td>Y</td>
</tr>
<tr>
<td>Factors affecting EDD / Place doc</td>
<td>Y</td>
</tr>
</tbody>
</table>

Patient C, Specific Dysphagia Stream Profile

<table>
<thead>
<tr>
<th>Brisbane &amp; medical rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dates of input</th>
</tr>
</thead>
<tbody>
<tr>
<td>05 05 05 05 05</td>
</tr>
<tr>
<td>07 07 08 08 08</td>
</tr>
<tr>
<td>05 05 05 05 05</td>
</tr>
<tr>
<td>05 05 05 05 05</td>
</tr>
</tbody>
</table>
### 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**

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

**Close of Decompensation Stream**

<table>
<thead>
<tr>
<th>Factor</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfaction score</td>
<td>4/4</td>
</tr>
<tr>
<td>Advise use score</td>
<td>2/4 (learning point – reinforce night staff following of recs)</td>
</tr>
<tr>
<td>Aspiration pneumonia</td>
<td>N</td>
</tr>
<tr>
<td>Factors affecting EDD / Place doc</td>
<td>Y</td>
</tr>
<tr>
<td>Contacts</td>
<td>9</td>
</tr>
<tr>
<td>Time</td>
<td>6 hours 20 mins</td>
</tr>
</tbody>
</table>

**Patient A Decompensated Stream Profile**

![Graph showing Brisbane and medical scores over SLT clinical sessions within stream](image)

- **Brisbane & medical score**
- **SLT clinical sessions within stream**
  - Blue line: medical score
  - Pink line: brisbane
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