



Use of Allied Health Assistants (AHAs) in Dysphagia Management

Logan Hospital

Presenter: Maria Schwarz

HRT 1721 'Allied Health Improvement Group'

25-26 October 2017

Adelaide



Key Problem

- **DEMANDS** on Allied Health Professionals (AHPs) including speech pathologists is increasing
- Speech Pathologists are increasingly working in expanded and extended practice roles, therefore **CAPACITY** to complete low risk tasks is reducing
- Trained Allied Health Assistants (AHAs) have been proposed as a method of reducing **demand** on speech pathology services by having low priority/low risk tasks delegated to them.
- Trained AHAs may also increase service **capacity** by providing additional screening, treatment and management for patients
- However.....
 - In speech pathology the key area of growth is dysphagia management
 - But little evidence exists for the use of AHAs, particularly in dysphagia management



<https://www.health.qld.gov.au/ahwac/docs/min-taskforce/ministerial-taskforce-report.pdf>

Aim of this innovation

1. Identify current utilisation practices of AHAs in speech pathology (particularly in the area of dysphagia management)
2. To ensure the validity of AHA completed Mealtime Observations and Dysphagia Screening when compared to a speech pathologist
3. To identify current perceptions of AHA utilisation from speech pathologists and AHAs
4. **To reduce demands on speech pathologist by appropriately delegating low risk dysphagia related tasks to a trained AHA**

Baseline Data

- Between 2015 and 2016 Speech Pathology Department experienced a steady increase in service **demands** with nil additional FTE
 - Approx 30% increase in occasions of service in the acute setting
 - Approx 140% increase in occasions of service in the emergency department
 - Approx 50% increase in occasions of service in the outpatient department
 - Therefore, we needed to address inefficiencies in service provision, to increase **capacity** and reduce **demand**.
 - Inefficiencies include:
 - Speech Pathologist completing mealtime observations to monitor for dysphagia
 - Speech Pathologist performing dysphagia screens on low risk patients
- Limited evidence exists regarding the use of Allied Health Assistants in speech pathology, in particular in the area of dysphagia management
 - Therefore, needed to introduce these models of care under a research framework to ensure validity and reliability of new AHA tasks

Key Changes Implemented

AHA completed mealtime observations

- Utilising a speech pathologist to monitor a patient over the course of a meal is inefficient, time consuming and reduces speech pathologists **capacity** for more complex tasks.
- This model involves:
 - AHA staff completing a competency package and competent assessment by a speech pathologist to perform the Logan Hospital Meal Time Observation Tool to monitor patients for signs of dysphagia at mealtimes following a speech pathologist's assessment
- Potential to increase speech pathologists **capacity** by reducing ineffective service delivery model
- Maintains patient monitoring without increasing workload on speech pathologist or nursing staff and meets service **demands**

Queensland Government METRO SOUTH HEALTH MEALTIME OBSERVATION

Facility: _____

Recommended Diet & Fluids:
Diet: _____ Fluids: _____

Assistance required? Yes (purple lid) No (green lid)

Observe Diet & Fluids:
 Full Soft Mince mash Puree
 Other: _____

Non-oral nutrition / hydration:
 PEG NGT Sub-out fluids IV Fluids

Observations prior to commencing meal:

- Was the patient alert? Yes No
- Was the patient sitting upright? Yes No
- Was the bedside sign present and visible? Yes No
- Was the bedside sign accurate? Yes No
- If the patient wears dentures, glasses or a hearing aid, were these in place? Yes No
- Please place pulse oximetry on finger / toe and record CGSATS prior to meal: _____ %
- Did the meal list colour match the assistance required listed above? Yes No

Observations during the meal:

(A) Did the patient cough (spontaneously), throat clear or have a gurgly / wet sounding voice after swallowing? Yes No

(B) If **yes**, did it occur: Once / Twice 3 or more times

(C) Did they cough: After eating After drinking

Comments: _____

Queensland Government METRO SOUTH HEALTH MEALTIME OBSERVATION

Facility: _____

Observations during the meal continued:

- Did the patient have difficulty chewing any parts of their meal or avoid any? Yes No
- Did the patient have difficulty swallowing any parts of their meal or avoid any? Yes No
- Did the patient's CGSATS drop 4% or more during the meal? Yes No
- Did the patient finish their meal? Yes No
- Did the patient finish their drink? Yes No
- Did the patient take a long time to finish their meal? (Greater than 30 minutes) Yes No
- (A) Did the patient have any food residue remaining in their mouth after swallowing? Yes No
(B) Did the patient have residue post a clearing swallow and sip of fluid? Yes No

Other comments: _____

Staff Name (Printed): _____ Signature: _____
Designation: _____ Date: _____ Time: _____



Key Changes Implemented (continued)

AHA completed dysphagia screening

- Utilising a speech pathologist to complete low risk dysphagia screening results in increased **demand** on limited resources.
 - In addition, having SLPs attend to basic screening reducing their **capacity** for managing the more complex clinical cases and/or attend to the communication needs of other patients.
- This model involves:
 - AHA staff completing a competency package and competent assessment by a speech pathologist to perform a modified Yale and EAT-10 screening tool on 'low risk' dysphagia screens and referrals
- Potential to maintain high levels of dysphagia screening without increasing workload of speech pathologists or nursing staff

 Queensland Government METRO SOUTH HEALTH Eating Assessment Screening Tool	(Affix identification label here) URN: Family name: Given name(s): Address: Date of birth: Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> I												
Instructions for Use 1. Ask the Patient: 'To what extent do you experience the following problems?' 2. Pose each statement to the patient and assist them to circle or indicate the appropriate response. 3. Responses are graded from 0 indicating no problem, to 4 indicating a severe problem. 4. Use the interpretation guidelines to complete the appropriate actions.													
Assessment Date: ___/___/___ Assessment Time: ___ : ___ hrs													
Circle the appropriate response	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">0</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%; text-align: center;">2</td> <td style="width: 10%; text-align: center;">3</td> <td style="width: 10%; text-align: center;">4</td> </tr> <tr> <td></td> <td style="text-align: center;">No Problem</td> <td></td> <td></td> <td style="text-align: center;">Severe Problem</td> <td></td> </tr> </table>		0	1	2	3	4		No Problem			Severe Problem	
	0	1	2	3	4								
	No Problem			Severe Problem									
1. My swallowing problem has caused me to lose weight.	0 1 2 3 4												
2. My swallowing problem interferes with my ability to go out for meals.	0 1 2 3 4												
3. Swallowing liquids takes extra effort.	0 1 2 3 4												
4. Swallowing solids takes extra effort.	0 1 2 3 4												
5. Swallowing pills takes extra effort.	0 1 2 3 4												
6. Swallowing is painful.	0 1 2 3 4												
7. The pleasure of eating is affected by my swallowing.	0 1 2 3 4												
8. When I swallow food sticks in my throat.	0 1 2 3 4												
9. I cough when I eat.	0 1 2 3 4												
10. Swallowing is stressful.	0 1 2 3 4												
Total EAT-10 Score:													
Interpretation: <input type="checkbox"/> Score ≤ 2 – Within Normal Range. <input type="checkbox"/> Score ≥ 3 – Indicates swallow is abnormal. Action: <input type="checkbox"/> Patient has been referred to Speech Pathology													
<small>Reference: Belafsky PC, Mouadeb DA, Rees CJ, Pryor JC, Postma GN, Allen J, and Leonard RJ. Validity and reliability of the Eating Assessment Tool (EAT-10). <i>Annals of Otolaryngology & Laryngology</i> 2008; 117(12):919-924.</small>													
Name:	Signature: Designation: Date: / /												

All clinical form creation and amendments must be conducted through Health Information Management Services

Eating Assessment Screening Tool



Outcomes so far

AHA completed mealtime observations

- Validity data collected simultaneously by speech pathologist and AHA on 50 acute inpatients identified
 - 94% agreement on pass/fail criteria
 - Positive perceptions of both SP and AHA staff regarding this new role
 - Benefits of utilising mealtime observation in addition to clinical assessment particularly for respiratory and gastroenterology patients

AHA completed dysphagia screening

- Validity data collected at Logan Hospital and Hervey Bay Hospital on 41 patients screened simultaneously by SP and AHA
 - 98% agreement on pass/fail criteria of modified Yale
 - 100% agreement on scoring of EAT-10

Lessons Learnt

- Trained AHAs are accurate in identifying dysphagia risk both during dysphagia screening tasks and mealtime observation when compared to a speech pathologist.
 - This supports their ability to increase service **capacity** through delegation, while meeting service **demands**
- Initiating change requires
 - Education
 - An open mind
 - Solution focused thinking
 - A supportive multidisciplinary team

For more information contact: Maria Schwarz, Email: maria.schwarz@health.qld.gov.au, Tel: 3299 8290

