

Sunday Brunch:

The provision of a pilot Speech & Language Therapy (SLT) swallowing assessment service on Sunday mornings in the Royal Victoria Hospital

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Introduction

- Oropharyngeal Dysphagia is a prevalent condition (47%) among elderly patients hospitalised with acute diseases⁽¹⁾
- It is associated with multiple co-morbidities and consequences include malnutrition, dehydration, aspiration pneumonia and potentially death⁽²⁾
- A longer length of hospital stay is inevitable and so failure to identify this condition at admission can have significant medical and economic costs^(3,4)
- Research has shown early dysphagia screening assessment reduces pneumonia rates threefold⁽⁵⁾.

Methodology

Following a complaint regarding a lack of SLT service over the weekend in the RVH, the Director of Unscheduled & Acute Care requested an urgent pilot of a SLT weekend service on the RVH site. A five month pilot of weekend working for four hours on a Sunday morning was commenced. Staff members from the adult services SLT team were asked to volunteer for this pilot to improve the response times for these patients.

A rota was established with one senior SLT delivering four hours of input on Sunday mornings and statutory days to maximise the impact on patient waiting times over the weekend.

Voluntary rota commenced with a team of four senior SLTs.

Pilot wards identified: Acute Stroke Unit, Respiratory Unit, Acute Medical Unit and Fractures Service.

Prioritisation of referrals

Priority One

Urgent reviews as identified by clinical lead on Friday:

- Patients who have an incomplete swallowing assessment who are likely to have improved
- Patients who are unstable and at risk of deterioration
- Patients who need a swallowing review to facilitate imminent discharge.

Priority Two

- Patients who need an assessment to facilitate imminent discharge
- New referrals who are NBM following an acute or new clinical event and are expected to progress quickly
- Patients who have been screened and made NBM but who are alert and suitable for assessment
- Patients who present with dysphagia who require urgent oral medication
- Patients presenting with a serious choking incident.

Number of new referrals seen	69
Number of Review Assessments	70
Total number of patients seen	139

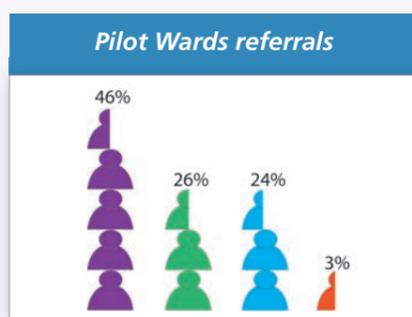
Aims

- The SLT service in the Belfast Trust has taken the lead in Northern Ireland on implementing the weekend working strategy
- SLTs traditionally work Monday to Friday. Referrals made over the weekend for patients with swallowing difficulty are not seen for a swallowing assessment until the following week
- Many of these patients remain 'Nil by Mouth' (NBM) pending SLT input, and for patients and families this delay is unacceptable.

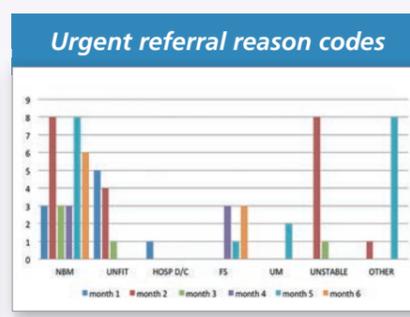
Objectives

- To improve the response times for in-patients waiting for a swallowing assessment over the weekend
- To reduce the number of patients kept nil by mouth over the weekend
- To expedite hospital discharge for patients with swallowing difficulties.

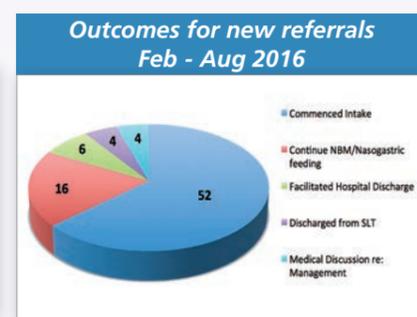
New Referral Data



Acute Stroke Unit
Respiratory Unit
Acute Medical Unit
Fracture Service



NBM: 46%
Failed Screen: 18%
Urgent medications: 9%
Coughing on intake: 9%
Other: 14%
Facilitate discharge: 1%



Conclusions

- The outcomes and feedback from hospital staff and families demonstrate the benefits of this service
- At present the rota remains voluntary as a HR process is ongoing to establish a permanent Sunday rota
- This service is currently only funded for RVH site
- Future plans involve the ongoing collation of data to demonstrate the impact on patient care
- SLT management will continue to submit business cases for the extension of this service across the BCH and Mater Hospitals
- SLT management will also continue to discuss with senior management extending the service to cover Saturday so that SLT is accessible seven days a week, thereby expediting the patient journey and improving the quality of their care.

Impact on patients

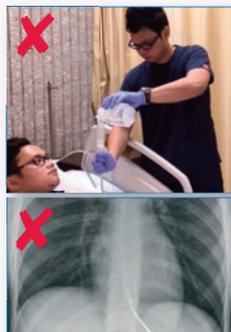
1. Over half of all patients in this pilot, who were 'nil by mouth' at time of referral, were **commenced on oral intake** by the SLT Weekend Service.



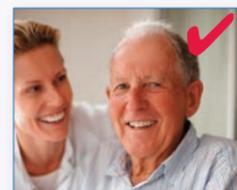
2. Patients were **commenced on oral medications earlier**, often time-critical medications for patients with Parkinson's disease or hyper acute Stroke.



3. Commencing oral intake at an earlier stage in the patient's hospital journey potentially **prevented nasogastric feeding** for some of these patients **and the accompanying costs of enteral feeding regimes and chest X-rays** per patient.



4. Commencing oral intake at an earlier stage **reduced patient distress** in general and agitation in particular populations (e.g. advanced dementia, learning disability and brain injury).



References

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