

Teleswallowing

StEAM Adoption Study of a Speech and Language Therapy Innovation for Blackpool NHS Foundation Trust

Teleswallowing:-

- Is an innovation designed by Blackpool Speech and Language Therapy Department to enable remote swallowing assessment of dysphagic patients resident in nursing homes
- It is a response to the growing demand on Speech and Language Therapy departments for swallowing assessments
- Was initially piloted in three nursing homes between August 2013 and March 2014, and was evaluated as successful in April 2014.
- Was expanded to five further nursing homes in October 2014 to test findings on a larger scale and to enrich the clinical case for service transformation.



The Need for Teleswallowing:-

Dysphagia (swallowing problems) is common following neurological insult or disease and is known to precipitate:

- Aspiration pneumonia,
- Malnutrition,
- Poor rehabilitation,
- Increased hospital stays and
- Reduced quality of life

Prompt assessment can avoid such problems but delays are common due to staff shortages, work patterns and waiting lists

Delays result in poor quality of care for the patient and inefficient use of limited NHS resources.

The Cumbrian Centre for Health Technologies (CaChET) at the University of Cumbria was engaged to undertake an Adoption Study using the Stakeholder Empowered Adoption Model

Our Remit

- To build a case for the adoption of Teleswallowing assessments as a clinically effective service delivery method
- To identify and describe potential barriers and benefits to patients, clinical team, managers and commissioners

Benefits of Teleswallowing:-

- Upskilled staff in Nursing Homes
- Quicker assessment of dysphagic patients
- Avoidance of serious problems and hospital admission
- Less distress for patients and improved quality of life
- Benefits of not having to attend outpatient appointments
- Freeing up speech and language therapists' time
- Prestige for participating nursing homes.

Barriers to Adoption:-

- **Technological problems** - not so much the technology but people's ability to deal with the technology
- Small problems impacted for longer than was necessary; did little to dispel negative attitudes, and negative experiences of the technology reduced confidence in the innovation itself
- Problems with technology together with a delayed start resulted in fewer opportunities for therapists to experience and become skilled in remote assessments.
- **Context** - The project took place against a backdrop of major staff shortages and pressures on the Speech and Language Therapy team
- Waiting times were going up rather than down meaning that any time savings were quickly used up and so were not 'felt' by Speech and Language Therapists
- Therapists felt too under pressure to take on new ways of working and having to deal with tools they did not understand
- Speech and language therapists were concerned about their workplace identity, they enjoy being with patients and do not want to be "being stuck behind a computer all day".

Recommendations:-

- **Technology:** Reliable and easy to use
- Adequate IT equipment and connections to be installed and in working order before training given and service delivery started
- Clinical innovators to work closely with an identified, skilled IT colleague to ensure systems work efficiently and challenges resolved quickly
- **Staffing:** Supported usage and sufficient time to engage in new service delivery methods to ensure staff competency and confidence
- Assurance for staff that the innovation is dependent upon their professional skills/ knowledge to dispel the belief that teleswallowing is deskilling or will reduce their authority in managing dysphagia

