Standardising our videofluoroscopy service as part of a research initiative

**Background**

**WHY:** Clinicians vary in how they perform, analyse and report videofluoroscopy (VF).

**WHAT FOR:** SIP SMART feasibility trial of a pre-treatment swallowing intervention.

**HOW:** Team discussions and plan to implement a standardised protocol for conducting and reporting VF.

**AIM:** To bring our service in line with the best evidence.

**Capability:** skills training in the Modified Barium Swallow Impairment Tool (MBS Imp – Martin Harris, 2008).

**Opportunity:** Standardised local resources e.g. VF protocol, matching bolus consistency using IDDSI syringe test and fluid thickness descriptors.

**Motivation:** Consensus rating for SIP SMART trial created peer support and driver for change in practice.

**Recommendations**

- Service change requires a change in clinician behaviour ➔ COM-B model.
- Training for new team members essential to maintenance & future development of service.

**The Activity**

(MBS Imp online training)

**The Impact**

- Increased skills and confidence for each team member, and collective pride in a cohesive service development project.

- Adoption of current best evidenced analysis of swallowing physiology into routine care.

- Improved diagnostic assessment and tailored treatment for patients ➔ better outcomes.

- Subsequent effects in reducing costs (for health and social care services) associated with long term dysphagia.

**Using the MBS Impairment Protocol and IDDSI framework during routine videofluoroscopy clinics**

**UCLH Head & Neck SLTs** (right to left) Mary Lee, Jo Lawson, Roganie Govender, Rachel Sylla & Lucy Tenant

(COM-B model, Michie, Atkins & West, 2014)