

*Welcome to the webinar:*

The COVID-19 patient pathway for SLTs

# COVID-19: Telehealth

**Digitally transforming therapy - the what, why & how of telehealth in speech and language therapy**

12 June 2020

1pm



# Welcome



**Judith Broll**

**Director of Professional  
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# Presenters



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Highly Specialist SLT  
Unlocking Language

# Housekeeping



- Send in chat messages at any time by using the Chat button
- Send in questions by using the Q&A button
- This event is being recorded. See here for recordings:  
<https://www.rcslt.org/webinars>
- Please do fill in the survey that we'll share after the event
- RCSLT staff are on hand to help!

# Aims and objectives



By attending this webinar, you will gain an understanding of:

- The [evidence base](#) for telehealth
- Getting started with remote consultations
- Remote dysphagia [assessments](#) and assessing risk
- New to digital: SLT and service user experiences



# Telehealth: the evidence in speech and language therapy

# The wider evidence



## Cochrane Review Flodgren et al (2015)

- RCT studies that compared telemedicine to usual care
- Effectiveness, acceptability and cost

Clinical Area	Number of Studies
Cardiovascular disease	36
Diabetes	21
Respiratory conditions	9
Gastrointestinal conditions	2
Mental health conditions	7
Urogenital conditions	3
Neurological conditions	2
Neonatal conditions	2

# Speech and language therapy



## Adults

Neurological conditions  
Dementia  
Stroke/Aphasia  
Dysfluency  
Dyspraxia  
Dysphagia  
Parkinson's Disease  
Traumatic Brain Injury  
Head and Neck Cancer  
Vocal Cord Dysfunction (Now ILO)

## Paediatrics

Speech  
Language  
Autism  
Dysfluency  
Hearing Impairment  
Special needs/school based services  
Cerebral palsy  
Hearing loss  
Fragile X syndrome

Majority of studies are US and Australia-based

- Telehealth Guidance: Evidence-based practice <https://www.rcslt.org/members/delivering-quality-services/telehealth/telehealth-guidance#section-9>
- Systematic reviews: Molini-Avejonas et al (2015); Weidner & Lowman (2020)



Poster abstract

## Remote Speech and Language Therapy services in Buckinghamshire

Adam Willison, Buckinghamshire County Council, UK

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JOURNAL OF MEDICAL INTERNET RESEARCH

Shaw et al

Original Paper

## Video Consultations Between Patients and Clinicians in Diabetes, Cancer, and Heart Failure Services: Linguistic Ethnographic Study of Video-Mediated Interaction

Sara E Shaw<sup>1</sup>, PhD; Lucas Martinus Seuren<sup>1</sup>, PhD; Joseph Wherton<sup>1</sup>, PhD; Deborah Cameron<sup>2</sup>, MLitt; Christine A'Court<sup>1</sup>, MD; Shanti Vijayaraghavan<sup>3</sup>, MD; Joanne Morris<sup>3</sup>, PhD; Satyajit Bhattacharya<sup>3</sup>, FRCS; Trisha Greenhalgh<sup>1</sup>, MD

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## EDITORIALS



### Video consultations for covid-19

An opportunity in a crisis?

Trisha Greenhalgh *professor*<sup>1</sup>, Joe Wherton *researcher*<sup>1</sup>, Sara Shaw *associate professor*<sup>1</sup>, Clare Morrison *quality improvement lead*<sup>2</sup>

<sup>1</sup>Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, UK; <sup>2</sup>Technology Enabled Care Programme, Scottish Government, Edinburgh, UK

Leeds Beckett University  
**DELIVERING THERAPY**  
**for ADULTS who**  
**STAMMER via**  
**TELEHEALTH**  
 Evaluation Report



## “Teleswallowing”: a case study of remote swallowing assessment

Elaine Bidmead  
 CaCheT, University of Cumbria, Carlisle, UK  
 Tilly Reid and Alison Marshall  
 CaCheT, University of Cumbria, Lancaster, UK, and

Veronica Southern  
 IM&T Department, Blackpool Teaching Hospitals NHS Foundation Trust,  
 Blackpool, UK

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Received 30 June 2015  
 Revised 30 June 2015  
 Accepted 31 July 2015



## A comparison of remote therapy, face to face therapy and an attention control intervention for people with aphasia: A quasi-randomised controlled feasibility study

Woolf, C., Cauter, A., Haigh, Z., Galliers, J. R., Wilson, S., Kessie, A., Hirani, S. P., Hegarty, B. and Marshall, J. (2016). A comparison of remote therapy, face to face therapy and an attention control intervention for people with aphasia: A quasi-randomised controlled feasibility study. *Clinical Rehabilitation*, 30(4), pp. 359-373. doi: 10.1177/0269215515582074

# The service user experience



- Improved access to services (Airedale Stammering Service)
- Reduced time, cost and travel (Towey 2012)
- Reduced time off work for self/family member (Tindall et al 2008)
- Goals met and relationship established with clinician (McGill et al 2019)

- Lack of appropriate technology
- Need for physical support with technology at times (Griffin et al 2018)

# The therapist experience



- SLTs had mixed feelings initially but positive outcomes (Hines 2015)
- Comparable assessment and therapy outcomes (Weidner & Lowman 2020)
- Transferable skills and creative potential for new ways of working (Hines 2015)
- Time and convenience (Kelchner 2013)
- No negative effect on rapport (Freckmann et al 2017; Akamoglu et al 2018)

- Technology failure
- Lack of physical proximity/reliance on helper (Akamoglu et al 2018)
- Requires different methods - communication style, timing, body language, therapy targets, cueing and reinforcement (Grillo 2017)
- Local barriers to implementation

# What about in a pandemic?




*“Organisational case studies have shown that introducing video consultations is a complex change that disrupts long established processes and routines.... We must be clear that the change is not merely installing or using new technology but introducing and sustaining major changes to a complex system”*

Greenhalgh et al (2020)

BMJ 2020;368:m998 doi: 10.1136/bmj.m998 (Published 12 March 2020) Page 1 of 2

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 **EDITORIALS**

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**Video consultations for covid-19**  
An opportunity in a crisis?

Trisha Greenhalgh *professor*<sup>1</sup>, Joe Wherton *researcher*<sup>1</sup>, Sara Shaw *associate professor*<sup>1</sup>, Clare Morrison *quality improvement lead*<sup>2</sup>

<sup>1</sup>Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, UK; <sup>2</sup>Technology Enabled Care Programme, Scottish Government, Edinburgh, UK. Correspondence to: T Greenhalgh, trisha.greenhalgh@ox.ac.uk

# What about in a pandemic?



- Most of us are doing this VERY quickly
  - Governance, patient/service user pathways, service user information, choice of technology...
- No choice for us or the service user
- No time to train people beforehand
- Mental health and wellbeing for us and service users
- Staffing challenges
- Changing guidelines
- It's tiring!

But...



*“Adversity has long been an important driver of innovation and modernisation of healthcare”*

Robbins et al (2020). COVID-19: A new digital dawn?



- “Digital first” = Many barriers have come down
- Transferable skills
  - data shows that clinicians and patients work collaboratively to overcome technological difficulties and disruption to conversational flow (Shaw et al 2020)
- Generosity and creativity
- Inclusion for SLTs at home
- We are not behind a mask
- There is an opportunity to capture data and add to the UK [evidence base](#)
- RCSLT [survey](#) - 61.2% report opportunities to work in new and innovative ways
- Current COVID telehealth survey  
[https://cityunilondon.eu.qualtrics.com/jfe/form/SV\\_5hfwRufOWOk1toF](https://cityunilondon.eu.qualtrics.com/jfe/form/SV_5hfwRufOWOk1toF)

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# Getting started with remote consultations

# Choosing a platform



- Employer approved
- Information governance and security
  - See the RCSLT Telehealth [information governance section](#)
- [Functionality requirements](#) and security needed for your service delivery and clinical area

## Comparison of Platforms

This is not designed to be an exhaustive list of platforms. The RCSLT does not recommend any particular platform for telehealth delivery of services.

	COST	INTERGRATION	ACCOUNT REQUIRED?	DESKTOP/APP/ BROWSER
<b>ZOOM</b>	Free Paid versions for more participants and time	All Calendars	Host needs registration None for client	Desktop and App Works in Chrome, Firefox, Safari
<b>ACCURX (NHS)</b>	Free	AccuRx chain integrates with SystemOne/EMIS	nhs.net login None for client	Desktop/Whereby App Chrome or Safari
<b>ATTEND ANYWHERE/NEARME (NHS)</b>	NHS Trust/CCG License	✗	nhs.net login None for client	Desktop Chrome and Safari
<b>MICROSOFT TEAMS</b>	NHS funded Non-NHS from £3.80/month	Outlook	Account required for full function None for client	Desktop/App All browsers
<b>CISCO WEBEX</b>	Free Paid options for more participants	All calendars	Account for host None for client	Desktop/App Extension required in Chrome
<b>WHEREBY</b>	Free Paid version for more rooms	Outlook and Google calendar	Account for host None for client	Desktop/App Chrome, Firefox, Safari
<b>JITSI</b>	Free	Outlook and Google Calendar	Account for host None for client	Desktop/App Chrome extension required
<b>GOOGLE MEET</b>	Free for 6 months followed by subscription	Google app/ G-Suite Google Calendar	Gmail account None for client	Desktop/App Chrome & Safari

## Platform Functionality

	SCREEN SHARING	PARTICIPANTS' REMOTE CONTROL	CHAT FUNCTION	WHITEBOARD FEATURE	NUMBER OF PEOPLE IN CALL
<b>ZOOM</b>	✓	✓	✓	✓	Basic/Pro up to 100
<b>ACCURX (NHS)</b>	✓	✗	✗	✗	Up to 5
<b>ATTEND ANYWHERE/NEARME (NHS)</b>	✓ With Chrome extension	✗	✓	✗	Up to 10
<b>MICROSOFT TEAMS</b>	✓	✓ Disabled by default	✓	✓	9 on screen 250 in meeting
<b>CISCO WEBEX</b>	✓	✓	✓	✓	Up to 100
<b>WHEREBY</b>	✓	✗	✓	✗	Free version Up to 4
<b>JITSI</b>	✓	✓	✓	✓ Add-on	Up to 75
<b>GOOGLE MEET</b>	✓	✓ With Chrome extension	✓	✓ Integrates with Jamboard	Up to 30

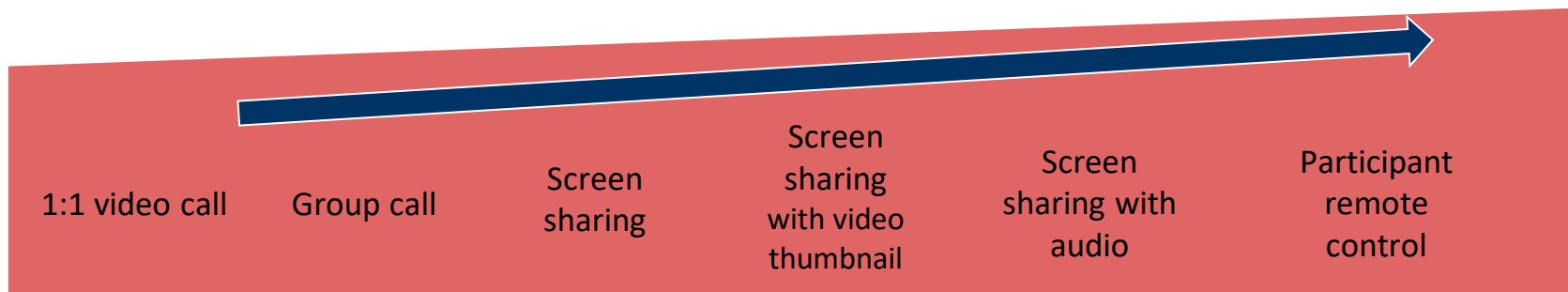
## Platform Security

	BLUR/VIRTUAL BACKGROUND	LOCK ROOM	LOBBY/WAITING ROOM	SECURITY	OTHER FEATURES
<b>ZOOM</b>	✓	✓	✓	Disable private chat Password protection	Breakout rooms Annotation
<b>ACCURX (NHS)</b>	✗	✗	✗	NHS Digital approved	SMS/file sharing to client function
<b>ATTEND ANYWHERE/NEARME (NHS)</b>	✗	✗	✓	NHS Digital approved Client details check	Message client in waiting room
<b>MICROSOFT TEAMS</b>	✓	✗	✓	Office 365 security Reduced functions for guest	Teams/channels for chat and file sharing
<b>CISCO WEBEX</b>	✓	✓	✓	End to end encryption	N/A
<b>WHEREBY</b>	✗ Requires subscription	✓	✓	End to end encryption	Simple to use
<b>JITSI</b>	✓	✗	✓	End to end encryption Passcode security	N/A
<b>GOOGLE MEET</b>	✗	✗	✓ With Chrome extension	Unique link per person	Filters out background noise

# Technical requirements



- Laptop, smartphone, tablet
- An internet connection - broadband wired or wireless (3G or 4G/LTE)
- Speakers and microphone - built in or USB plug-in/ bluetooth
- Webcam - built in or USB plug-in
- Consider extra requirements for voice recording and assessment (See RCSLT '[Guidance on Voice and Upper Airway Disorders in the context of Covid 19](#)')
- Bandwidth



# Consent and security




## MAINTAINING SECURITY FOR TELEHEALTH SESSIONS

### SETTING UP THE SESSION WITH THE PARTICIPANT

Phone to discuss teletherapy set up and check participant has;

- Smartphone/laptop/appropriate device
- Wifi/data allowance
- Confidential space
- Appropriate person with them where required
- Advice on how to enter the video consultation (email/send instructions). Some platforms allow you to send this as a link in a text message.




Make sure;

- You have sent the client the link to the video consultation from the appropriate platform ahead of their appointment time.
- If your platform requires a password, ensure they have this.

### PRIOR TO SESSION


Make sure;

- All unnecessary applications are closed on your desktop, e.g. Outlook
- All teletherapy resources you are sharing are open on your desktop
- Your audio and webcam are working
- Any physical objects you need are nearby and easily accessible.
- Curtains are shut to reduce any glare.
- Background noise is reduced to a minimum.
- Your background is plain and not visually cluttered.
- Consider using a blurred background if your platform has this function.



### AT THE START OF THE SESSION


- Lock the meeting once all participants have entered if the platform uses this function.
- For group teletherapy sessions prohibit participants from sending private messages to one another in chat.
- Use the virtual waiting room facility if available and only admit people you're expecting.
- Clarify who is attending the appointment with the participant (e.g. in the room where they are having the consultation) and check your participant is happy for them to be there.
- To ensure call quality use hardwiring not Wi-Fi where possible or stay close to the router for best Wi-Fi signal. 4G can be better quality than Wi-Fi at times.



### MAINTAINING SECURITY

Make sure;

- You update your platform when prompted, this is usually to fix security bugs.
- Check that you have the latest version of the platform and browser you are using.



- Ensure confidential quiet space to work in
- Blur background where possible
- Close all unnecessary browser windows but have open any therapy resources
- Lock the 'room' when all participants expected have joined where possible
- Clarify who is with the service user in the consultation (seen and unseen)
- Make sure you update your platform when prompted. This is usually to fix security bugs. Check that you have the latest version of the platform and browser you are using

## RECORDING VIDEO CONSULTATIONS


Options and considerations

### CONSENT

The procedures and consent in-person consultations should be used.

Make sure the client is aware that:


- the session is being recorded
- the data is stored securely



### USING THE VIDEO SOFTWARE


Make sure recordings are:

- private
- saved to a secure place in line with your usual procedures rather than cloud storage within the software




### USING WINDOWS/MAC

- To record screen and audio within Windows 10 press Windows/Alt/R
- To record screen and audio for Mac press Shift/command/5



### THIRD PARTY SOFTWARE

- Search for screen recording software
- Some are free and some require a subscription.
- Check they allow you to save to own secure location, not cloud storage.



THESE OPTIONS COULD ALSO BE USED TO RECORD VIDEOS FOR DEMONSTRATIONS AND THERAPY MATERIALS

# Before the consultation



- The clinician should:
  - Allow time for planning and set-up
  - Send any materials needed beforehand e.g. outcome measures
  - Find a confidential space
  - Ensure all unnecessary applications on desktop closed
  - Have all therapy resources open and ready to go
  - Check audio and webcam are working
  - Ensure the background is free from distractions

# Clinician resources



## Video consulting with your patients

A quick guide for clinicians



### Why choose it?

<p>You can see patients while maintaining isolation or social distancing</p>	<p>Visual assessment adds key clinical data</p>	<p>Calls are safe and secure</p>	<p>The decision to choose it is shared between you and the patient</p>	<p>It can save patients stress, time and travel expenses</p>
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### Preparing for a video consultation

<p>1</p> <p>Send an email or letter to the patient with instructions before the consultation</p>	<p>2</p> <p>Use a private, well-lit room where you will not be disturbed</p>	<p>3</p> <p>Have the patient's phone number ready in case you cannot connect</p>
<p>4</p> <p>If possible, have two screens so you can take and read notes on one and talk to the patient on the other</p>	<p>5</p> <p>At the start of each day, test the equipment to make sure it all still works</p>	

Please turn over

Funders



Contributors



### Starting a video consultation

<p>6</p> <p>Initiate the consultation by inviting or calling the patient by video software</p>	<p>7</p> <p>If you can see and hear each other, start by waving and ask how the patient is doing</p>	<p>8</p> <p>Reassure the patient that a video consultation is just like a regular consultation</p>
<p>9</p> <p>Reassure the patient that the call is confidential and secure</p>	<p>10</p> <p>For the first video appointment, take and record consent</p>	<p>11</p> <p>If you have a colleague with you, introduce them</p>

### Communicating in a video consultation

<p>12</p> <p>It works the same as face to face, but there may be glitches, e.g. audio delays or blurry images</p>	<p>13</p> <p>You don't have to look at the camera. Looking at the screen is fine</p>	<p>14</p> <p>Inform patients when you are otherwise occupied, e.g. taking notes</p>
<p>15</p> <p>Inform patients they can use the screen camera to show things, e.g. area of pain</p>	<p>16</p> <p>Record the notes as you would in a traditional face-to-face appointment</p>	

### Closing a video consultation

<p>17</p> <p>Summarise the main points of the consultation to make sure nothing is missed</p>	<p>18</p> <p>Ask the patient whether they want to have the next appointment over a video call</p>	<p>19</p> <p>If the patient has no more questions, you can say 'goodbye' and end the call</p>
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# Before the consultation



- The service user
  - Consent and appropriate equipment
  - User guide/instructions sent/emailed
  - A link to the video call sent in advance
  - Ensure they have:
    - Wifi/data allowance and appropriate device
    - Confidential space
    - Someone with them to assist if needed



# Service user resources

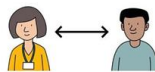



## Video consulting with your NHS



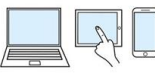


A quick guide for patients



### Why choose it?





 <p>You can still have NHS appointments if you are social distancing or isolating</p>	 <p>Your doctor or nurse can see how you are</p>	 <p>It can save you stress, time and money</p>	 <p>Calls are safe and secure</p>
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### What you need





 <p>A charged up computer, tablet or smartphone with a built in camera and microphone</p>	 <p>A quiet, well-lit place where you won't be disturbed</p>	 <p>A good internet connection</p>
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Please turn over





### Setting up

<p>1</p>  <p>We will email you or send you a letter with your appointment time and any information you need</p>	<p>2</p>  <p>We will send you a text message reminder</p>	<p>3</p>  <p>Make sure you're familiar with the software before your appointment</p>	<p>4</p>  <p>Make a list of questions or issues before the call to help you get the most from your consultation</p>
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### Starting the video call

<p>5</p>  <p>Start the video call program a few minutes before your appointment, you may have been given a link to click on</p>	<p>6</p>  <p>You may be asked to confirm your date of birth and a phone number so we can call you if you get cut off</p>	<p>7</p>  <p>Your doctor or nurse will join you or call you when they are ready</p>	<p>8</p>  <p>Say hello or wave to your doctor or nurse</p>
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### The consultation

<p>9</p>  <p>Look at your doctor or nurse's face while you're talking</p>	<p>10</p>  <p>If all goes well, the call will feel like a face to face appointment</p>	<p>11</p>  <p>If you want to show us something you can try to use the screen camera</p>	<p>12</p>  <p>If something goes wrong we'll call you instead</p>
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### Ending the video call

<p>13</p>  <p>Ask us any questions you like before you go</p>	<p>14</p>  <p>We'll arrange your next video appointment, prescription or a face to face visit</p>	<p>15</p>  <p>We'll say goodbye before we go</p>	<p>16</p>  <p>You can leave your feedback to help us make future consultations better</p>
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#### Funders



#### Contributors





# During the consultation



- Identify service user using name/DOB
- Identify any people in the room with them
- Use supporting resources if needed e.g. flashcards
- Use digital assessment resources

A screenshot of a mobile web browser showing a form titled 'VHI - 10' on the website 'forms.office.com'. The form has a green header bar with the title. Below the header, there is a section for 'Required' questions. The first question is '1. Please enter your name. \*' with a text input field containing the placeholder 'Enter your answer'. The second question is '2. Please enter you Date of Birth. \*' with a date input field containing the placeholder 'Please input date in format of dd/MM/yyyy' and a calendar icon. The third question is '3. These are statements that many people have used to describe their voices and the effects of their voice on their lives. Select the response that indicates how frequently you have the same experiences. \*'. Below this question, the text 'My voice makes it difficult for people to hear me. ^' is visible. The browser status bar at the top shows 'BT WiFiCall', '09:50', and '85%' battery.An infographic titled 'TELEHEALTH ASSESSMENTS' with a dark blue background. It features a central 'KEY CONSIDERATIONS' circle and four main sections: 'SELECTING ASSESSMENTS', 'DURING THE ASSESSMENT', 'ASSESSMENT MODIFICATIONS', 'ASSESSMENT CONDITIONS', and 'ANALYSIS'. Each section contains a list of bullet points providing practical advice for telehealth assessments. At the bottom right, there is an illustration of a person at a computer screen with a video call window.

## KEY CONSIDERATIONS

### TELEHEALTH ASSESSMENTS

- SELECTING ASSESSMENTS**
  - Check copyright information and telehealth policies directly with the publisher
  - Consider what you need to carry out the assessment via telehealth
  - Consider informal assessments and screens
- DURING THE ASSESSMENT**
  - Have a written order of the tasks you are going to do / checklist of your session
  - At any one time, have only one image of the stimulus picture showing to the service user if applicable
  - Bookmark the pages you are going to use
  - If using the physical materials consider how you hold the stimulus book. As best practice use full screen with your stimulus book window with no extra toolbars, icons or files visible
  - Observe the service user's performance to intervene when necessary and to determine if anything disrupted the typical response process of the task
- ASSESSMENT MODIFICATIONS**
  - It is important to note in reports and feedback when assessment procedures have been altered and how this may have impacted data
  - When modifying the administration of an item or service user's method of responding, evaluate how close you are to enabling the service user to exhibit their optimum performance
- ASSESSMENT CONDITIONS**
  - Try to maintain assessment procedures as you would in-person
  - Consider how assessment breaks will look
  - Consider how to build rapport with the service user over telehealth
  - Keep desk clutter free and reduce background distractions
  - Check potential technology issues: video, microphone and internet quality
  - Familiarise yourself with the assessment (through practice)
  - Consider what you will not be able to assess e.g. neck tension or laryngeal elevation
  - Further considerations with children under two years, dysphagia, voice and speech assessments
- ANALYSIS**
  - Use clinical judgement to interpret scores, including margin for error, considering individual and contextual factors
  - Check you were able to gather the service user's best performance and reflect whether they were operative/attentive/responsive
  - Report your clinical decision(s) in your report and comment on the factors that led to this decision
  - Consider validity and reliability comparisons

# Resources



keepsafe.org.uk

## Cue Cards for Video Meetings



These **cue cards** are great for online meetings using video chat apps like **Zoom**.



1. Print the sheets out onto **A4 paper**.
2. If you have a **laminator** use it to protect the cards.
3. Cut each sheet into 4 cards. There are **lines** to show where to cut.



Next time you are in a video meeting you can **hold the cards to the camera** when you need to say something.



**Yes**



**No**



**Can you please speak louder**



**Can you say that again**



**I want to say something**



**Please speak more slowly**



**I can't see you**



**I can't hear you**



**I do not understand**



**I need a break**



**I have to go**



**Send me a message**

Lots [more resources](#) can be found in the **RCSLT Telehealth Guidance**

# After the consultation



- E-feedback forms



Google Forms

- Make sure the call has ended
- Send electronic resources to service user as needed e.g.
  - Email
  - Text message with attachment
  - Example forms available in [RCSLT telehealth guideline resources](#)

# Paediatric webinars



**Karten Network**

**Natspec** **Tech Ability**

## Remote Therapy

**Fil McIntyre & Neil Beck**  
Assistive Technologists  
Natspec TechAbility  
@Tech\_Ability1

**Kate Boot**  
Clinical Lead/Specialist SLT  
Phoenix Learning and Care  
@SLTinSEND

**Martha Currie**  
Clinical Director,  
Mable Therapy  
@mableTherapy

## CREATING AND ADAPTING ACTIVITIES FOR TELETHERAPY

Kate Boot  
Clinical Lead/Specialist SLT  
Phoenix Learning and Care

<https://youtu.be/wqte2Mltpok>

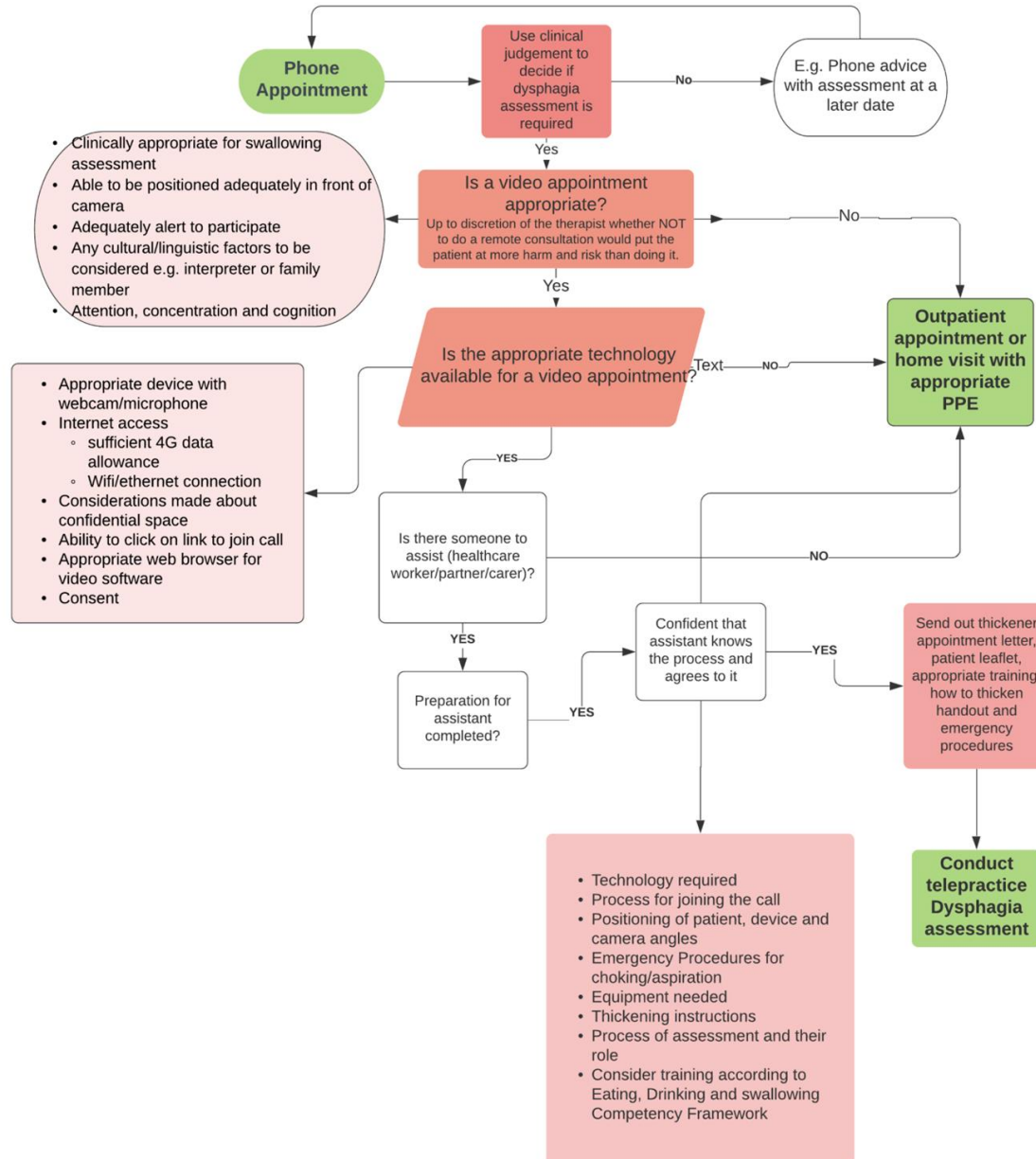
<https://www.youtube.com/watch?v=wb-xPyOG5A&feature=youtu.be>

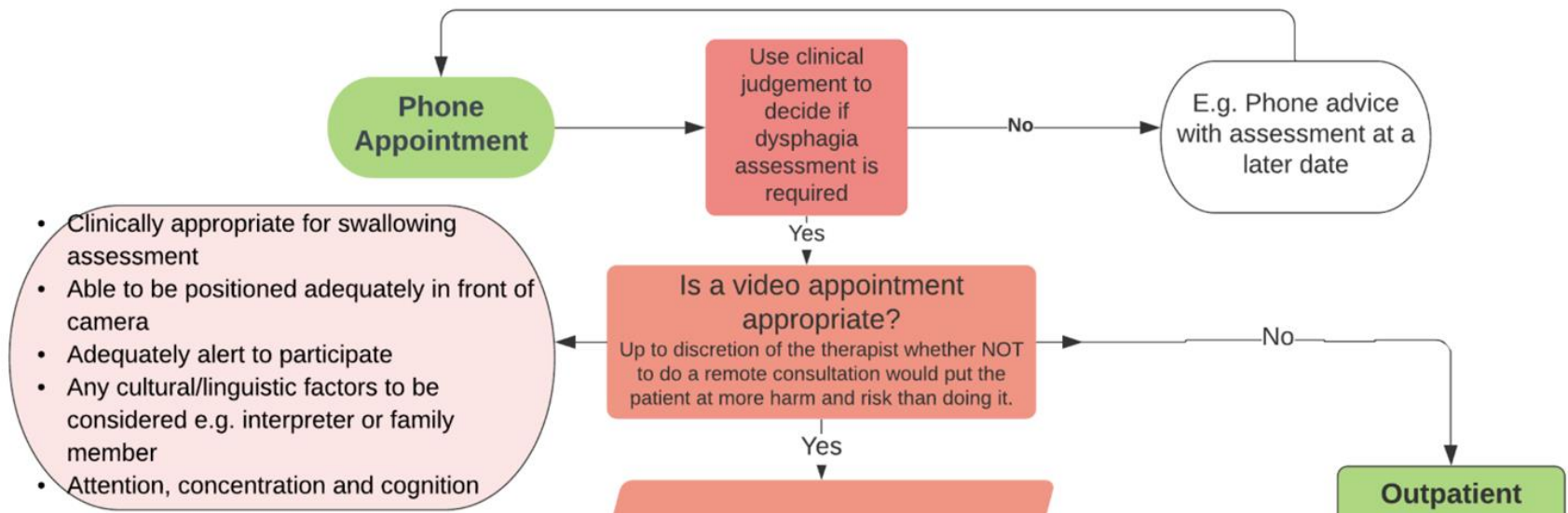
[Pearson guide on delivering CELF online](#) may be useful and a model for other assessments

# Dysphagia assessments



- Assessing risk
- [The process](#)
- [Resources](#)





member

- Attention, concentration and cognition

- Appropriate device with webcam/microphone
- Internet access
  - sufficient 4G data allowance
  - Wifi/ethernet connection
- Considerations made about confidential space
- Ability to click on link to join call
- Appropriate web browser for video software
- Consent

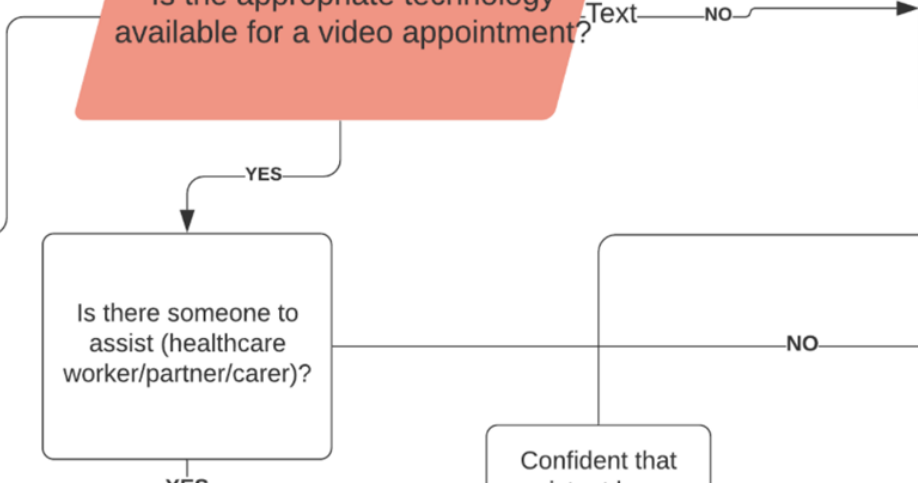
Is the appropriate technology available for a video appointment?

Is there someone to assist (healthcare worker/partner/carer)?

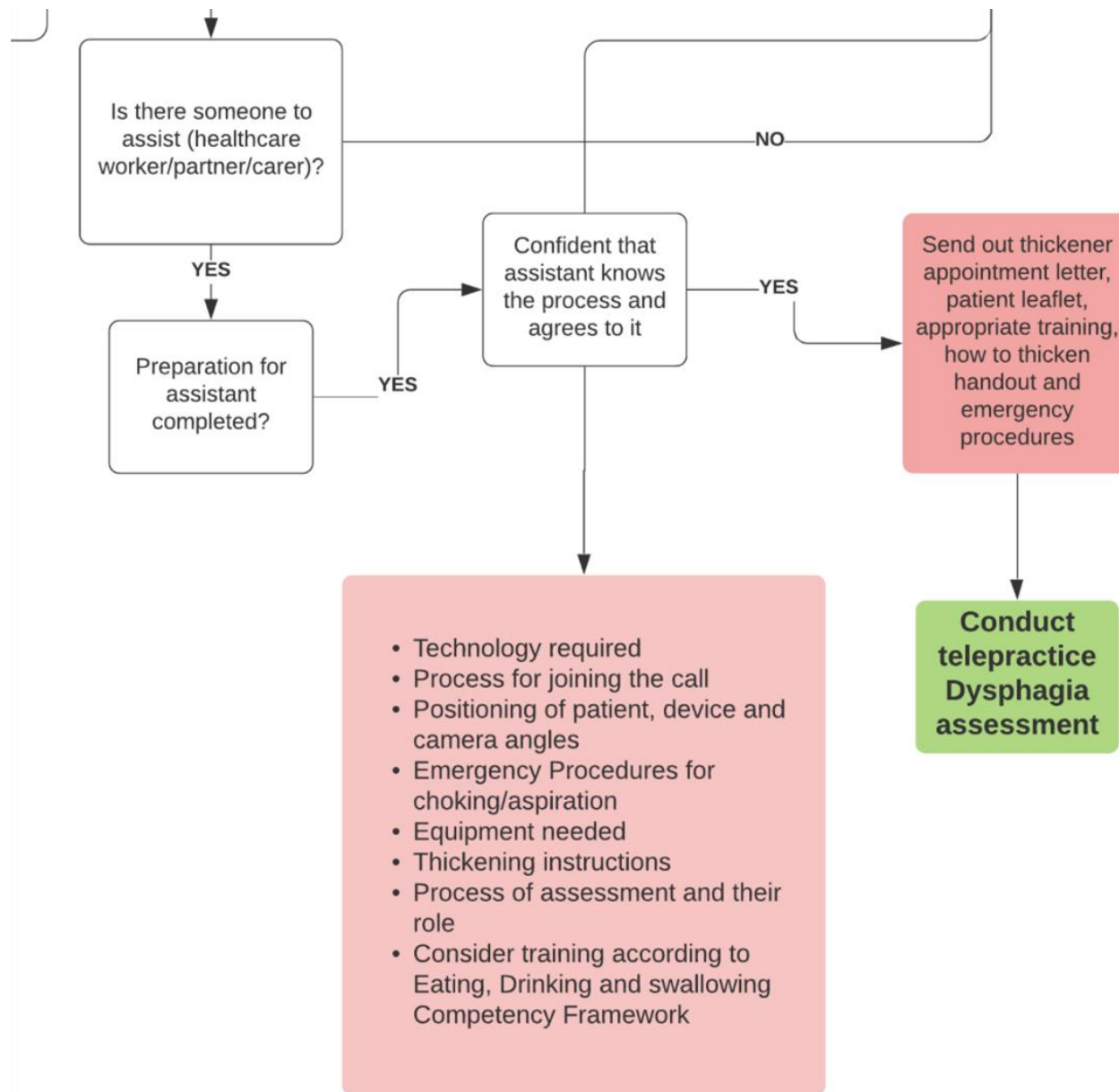
Confident that

Outpatient appointment or home visit with appropriate PPE

Send out thickener







- Technology required
- Process for joining the call
- Positioning of patient, device and camera angles
- Emergency Procedures for choking/aspiration
- Equipment needed
- Thickening instructions
- Process of assessment and their role
- Consider training according to Eating, Drinking and swallowing Competency Framework



# Training assistants



- Carers, family members, care home staff, health care professionals
- [Eating, Drinking and Swallowing Competency Framework](#) (Levels 1-4)
- [Teleswallowing resources](#) (RCSLT Guidance)
- Clare Ward & Liz Burns online [webisodes](#)
- Paediatric dysphagia CEN will be running a telepractice special in mid-July

# Before the assessment



<p>Can't connect to call</p>	<p>Ensure there is a help guide and appropriate training available.</p> <p>Check all devices connected to the internet</p> <p>Check phone numbers/emails used are correct</p> <p>Resend link/start call again</p> <p>Contact support phone number within video calling platform</p> <p>Consider alternative appointment format or rearrange video appointment</p>
<p>Service user unable to hear you/SLT unable to hear service user</p>	<p>Check microphone position/cable connection</p> <p>Check microphone is not muted</p> <p>Check volume level on their device/ask service user to check</p> <p>Check for significant conversation or background noise at either site</p>
<p>Unable to see each other</p>	<p>Check monitor is turned on</p> <p>Check camera cable is connected</p> <p>Check system layout is showing self view and other site simultaneously</p>

# Before the assessment



<p>Unable to directly obtain information from written care plan prior to assessment</p>	<p>Ensure comprehensive information gathering by telephone with an appropriate person prior to arranging the appointment</p> <p>Verify the accuracy of the information obtained as much as possible</p> <p>Check with the patient/assistant whether there are any changes/significant events that have occurred since the initial case history information was obtained</p>
<p>No third party facilitator available (ie, no one able to be present with the service user to assist during the video call)</p>	<p>Send details of essential requirements/important information by letter/email in advance of the appointment</p> <p>Confirm availability of assistant at the start of the appointment</p> <p>Consider alternative appointment format or rearrange for a time when an assistant is available</p>
<p>Service user struggling to position camera to facilitate required viewing angles</p>	<p>Suggest moving patient/camera to different location in room</p> <p>Try using objects (eg, books) to raise height/alter angle of device</p>

# During the assessment



Service user moves out of view of camera	<p>Ask assistant to adjust camera angle as necessary</p> <p>Remind service user to remain in position</p>
Loss of connection	<p>Reconnect</p> <p>Set 'ground rules' with service user and assistant at start of session (eg, not to eat/drink while off camera; follow emergency procedures where appropriate)</p>
Reduced privacy and/or confidentiality	<p>Ask service user/assistant to find a quiet, private setting for appointment</p> <p>Check who else is present in the environment</p> <p>Confirm that the service user is happy to proceed with the appointment/consider best interests</p>
Service user chooses to end call early	<p>Attempt reconnection (agree no. of attempts in local policy). Contact service user or assistant to rearrange appointment/ send recommendations.</p>

# During the assessment



Service user and assistant not prepared (e.g. food/drink/thickener not available/ready/to hand; patient not positioned appropriately)

Send details of essential requirements/important information by letter/email in advance of the appointment (including thickener sachets)

Arrange training phone call with assistant before the session.

Allow sufficient time for the appointment

Confirm availability of all required food/drink/utensils/thickener prior to starting the assessment

Consider rearranging the appointment or making an additional appointment for a later date

Risk of missing adverse signs of swallowing problems

Send details of essential requirements/important information by letter/email in advance of the appointment (e.g. common adverse signs to look out for)

Inform assistant what signs to look out for prior to commencing assessment

Ask questions throughout the appointment to support observations

# Emergency procedures



<p>Clinician unable to quickly or physically intervene in case of any common adverse signs (eg, choking, assistant feeding too quickly)</p>	<p>Send details of essential requirements/important information by letter/email in advance of the appointment (choking advice/CPR advice)</p> <p><a href="https://www.sja.org.uk/get-advice/first-aid-advice/?parentId=12265&amp;categoryId=12274">https://www.sja.org.uk/get-advice/first-aid-advice/?parentId=12265&amp;categoryId=12274</a></p> <p>Check choking advice has been received in advance</p> <p>Set 'ground rules' with patient and assistant at start of session (e.g. clinician may ask patient/assistant to stop eating/feed more slowly)</p> <p>Clinician to ensure local 'Choking Script' is available to refer to and to read out to patient/assistant if required</p>
<p>Clinician unable to quickly or physically intervene in case of medical emergency or other emergency situation</p>	<p>At the start of the appointment, check that the patient has received the above information including Resuscitation/choking advice</p> <p>Set emergency procedures with patient and assistant at start of session e.g. who will call 999 if needed (dependent on setting)</p>

# After the assessment



<p>Confidentiality incident if clinician forgets to end call</p>	<p>Follow local procedures and platform functions to ensure all calls ended after the appointment has finished</p>
<p>Unable to provide immediate written documentation regarding outcome of assessment</p>	<p>Provide verbal feedback regarding outcome of assessment prior to ending the call (to the patient/assistant or other appropriate person)</p> <p>Phone nurse or other appropriate person immediately after the call to provide verbal feedback.</p> <p>Send electronic version of advice as soon as possible (anonymised if not secure)</p> <p>Send written report regarding outcome of assessment as soon as possible after the appointment – by secure email/written.</p> <p>Follow local procedure regarding timescale for provision of written report</p>



# TELEPRACTICE DYSPHAGIA ASSESSMENT

Process for remote swallowing assessments

## BEFORE THE ASSESSMENT

- Introduce everyone in the rooms
- Patient identification and consent has been confirmed e.g. DOB.
- Record verbal consent
- Provide summary of relevant info and reason for assessment
- Brief description of swallowing difficulties from the patient
- Clarify role of the assistant
- Any queries or concerns answered before the assessment
- Summary of tasks provided.



## OROMOTOR ASSESSMENT

- Full face view
- Face and lip movements and jaw strength
- Close up Oral Cavity - oral hygiene, dentition, tongue and soft palate movements
- Tasks can be supported by the assistant (train to do)
  - Anything where you would have touched the patient yourself.
  - Oral cavity hygiene
  - Jaw strength
  - Tongue strength
  - Soft palate movement



## SWALLOWING ASSESSMENT

- Lateral view - side of patient seen
- View of cup, and white tape to view laryngeal excursion if used.
- Assessment according to usual protocols as directed by clinician
- Assistant support with noticing
  - patient coughing/throat clearing
  - monitoring patient change
  - Demonstrating strategies
- Zoom out to see strategies where needed



## FEEDBACK

- Inform patient and assistant of results and recommendations
- Document the outcome
- Send electronic versions of advice/recommendations
- Keep equipment clean and safe if there are likely to be further remote assessments e.g. in a care home.



## EMERGENCY PROCEDURES

- Known by all parties involved
- Who is responsible in an emergency?
- Assistant should know their role
- The process to follow should an issue arise (choking, altered health state of patient)



# TELEPRACTICE DYSPHAGIA ASSESSMENT

Role of the assistant

## BEFORE THE ASSESSMENT

- Ensure they have had appropriate training
- Prepare the equipment
- Set up the room to enable safe patient transfer and positioning
- Set up equipment and test connection video and audio
  
- Prepare list of food and fluids (Sent out beforehand)
- Confirms can conduct procedure if emergency medical assistance is required



## DURING ASSESSMENT

- Handover of information, support required and overall plan for the session
- Ensure appropriate positioning
- Provide clear instructions
- Ask clarifying questions between assistant and clinician.
- Confirm instructions are understood.
- Model and repeat instructions if needed
- Report on what is seen and heard and how patient responds during assessment
- Monitors patient for safety - changes in discomfort or changes in status and communicates these to the clinician



## AFTER ASSESSMENT

- Help communicate the management plan, diet/fluid recommended and any swallowing exercises
- Ensure patient is transferred safely from the room
- Help communicate outcome to e.g. nursing team/family members
- Cleans and stores equipment for next session



# HOW TO PREPARE FOR YOUR SWALLOW ASSESSMENT

Gather these items.

THIS WILL SAVE TIME DURING YOUR ASSESSMENT

## FOOD



Smooth yoghurt



Banana



Bread



Biscuit

## DRINKS



Sachets of Thickener



Jug of squash

3x



3 Clean, dry and clear cups

## OTHER ITEMS



Fork



Torch



Teaspoon



Plate

## POSITIONING



Make sure you are sitting as upright as possible for the assessment. This may be in a bed or a chair.

We will need to see your head and neck face on.



## TECHNOLOGY



Get your device ready for the call, charged and connected to the internet.

Practice propping it up beforehand. When you are ready click on the link sent by the therapist.

Contact your therapist if you are having any problems.

# WHAT TO EXPECT DURING YOUR SWALLOW ASSESSMENT



## 1 OPEN YOUR MOUTH

We will examine your tongue, lips and cheeks using a torch.



## 2 COUGH

We may ask you to cough to see how strong it is.



## 3 SIP YOUR DRINK

Your assistant may need to thicken your drinks.



## 4 TRY EATING SOME FOOD

We will be looking at:

- Your chewing.
- When and how easily you swallow.
- How your throat moves when you swallow.
- Whether food is left in your mouth after eating.



## 5 TALK TO THE THERAPIST

We may give you instructions as you eat/drink, (e.g. change position).

We give you advice, and talk through your next steps.



## 6 RECEIVE REPORT

You will receive a letter, outlining what happened in the assessment and what the recommendations are.

# Your Video Swallowing Assessment

## What to expect





This leaflet helps you to prepare what you need for an assessment at home via video link. You will need:

- Smartphone, laptop or tablet with camera and microphone
- A quiet space
- A Wi-Fi, internet or 4G connection and data allowance
- Someone to help you during the assessment



## How to mix drinks with Thick & Easy Clear



IDDSI Fluid recommendation	Number of scoops of thickener per 200mls fluid
 Level 1 (slightly thick)	1 scoop
 Level 2 (mildly thick)	2 scoops
 Level 3 (moderately thick)	3 scoops
 Level 4 (extremely thick)	6 scoops

### Directions for use

1. Measure out **200mls** of a drink.
2. Get a separate **dry, empty** cup, and add the recommended number of scoops. **Always** use the **scoop** provided with the tin.
3. **Then** pour the **200mls** of drink into the dry cup, **whisk** quickly with a fork until fully dissolved.
4. **Leave** drink for at least **1 minute** before drinking.
5. You **cannot** add **extra powder** or **liquid** to the drink once it has been mixed.

## WHAT TO DO IF SOMEONE IS CHOKING

### 1. Cough it out

- > Encourage the person to keep coughing



### 2. Slap it out

- > Give up to five sharp back blows between the shoulder blades
- > Check their mouth



### 3. Squeeze it out

- > Give up to five abdominal thrusts



### 4. Call 999/112

- > If they're still choking, call 999/112 for emergency help. Repeat back blows and abdominal thrusts until help arrives.

Learn first aid.

Help save lives.

Be the difference.

[sja.org.uk](http://sja.org.uk)

Make sure you always have life saving knowledge at your fingertips. Download our free first aid app from your app store today.



# **New to telehealth: SLT and service user experience**

# SLT experience



Research and sourcing evidence and information



Developing checklists and guidance



Using research and social media to contact clinicians already using teletherapy



Carrying out telehealth



# My Top Tips!



Prepare and practice.



Think! Is teletherapy  
the most appropriate  
choice?



Keep hydrated.



Don't be nervous,  
relax and enjoy.

# Service user experience



- Wendy, who supported her mum using telehealth for swallow assessments...

I've had 2 sessions of teletherapy now with my mum and overall we've found it to be a very positive experience. We had a few teething problems with accessing the link at first but once we managed to connect the calls went well.

The communication was clear and this method is effective. Much better than just a phone call. I was able to move my phone so that a better view could be seen of my mums throat when swallowing.

We would gladly use this for future communication. Overall, I would rate it 9 out of 10.



# Service user experience



- Ian who worked with our community SLTs and SLT assistants.



Thanks to Wendy, Ian and the ELHT Adult Community Speech & Language Therapy team.



# Service user experience

- Archie and Mum with SLT Meera



A screenshot of a web browser window displaying a narrative therapy exercise. The browser tabs include "Narrative Therapy Chapter", "Jungle Safari Language pac", and "Narrative Therapy Chap". The page content shows a red button with a white question mark icon and the text "Where =". To the right of this is a red button with the word "Red" in white. Below this, there are five questions, each followed by a red checkmark: "Where do you go to watch a film on a big screen?", "Where does a King live?", "Where do boomerangs come from?", "Where is a good place to go for a birthday party?", and "Where do birds fly?". On the right side of the screenshot, a video feed shows a woman with long dark hair wearing a yellow top, identified as "Meera Mehta".

Thanks to Meera Mehta, Specialist Speech & Language Therapist: Unlocking Language.

# Any questions?



*Join us for the next webinar*

# COVID-19

[www.rcslt.org/webinars](http://www.rcslt.org/webinars)

