

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
Development, RCSLT

Presenters



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Digital Health Clinical Practitioner
SLT -Dysphagia/Voice/Head & Neck Cancer
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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

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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 Shaw¹, PhD; Lucas Martinus Seuren¹, PhD; Joseph Wherton¹, PhD; Deborah Cameron², MLitt; Christine A'Court¹, MD; Shanti Vijayaraghavan³, MD; Joanne Morris³, PhD; Satyajit Bhattacharya³, FRCS; Trisha Greenhalgh¹, MD

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EDITORIALS

Video consultations for covid-19

An opportunity in a crisis?

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

¹Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, UK; ²Technology 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
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Received 30 June 2015
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 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., Caute, 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

 **EDITORIALS**

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

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¹Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, UK; ²Technology 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

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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
ZOOM	Free Paid versions for more participants and time	All Calendars	Host needs registration None for client	Desktop and App Works in Chrome, Firefox, Safari
ACCURX (NHS)	Free	AccuRx chain integrates with SystemOne/EMIS	nhs.net login None for client	Desktop/Whereby App Chrome or Safari
ATTEND ANYWHERE/NEARME (NHS)	NHS Trust/CCG License	✗	nhs.net login None for client	Desktop Chrome and Safari
MICROSOFT TEAMS	NHS funded Non-NHS from £3.80/month	Outlook	Account required for full function None for client	Desktop/App All browsers
CISCO WEBEX	Free Paid options for more participants	All calendars	Account for host None for client	Desktop/App Extension required in Chrome
WHEREBY	Free Paid version for more rooms	Outlook and Google calendar	Account for host None for client	Desktop/App Chrome, Firefox, Safari
JITSI	Free	Outlook and Google Calendar	Account for host None for client	Desktop/App Chrome extension required
GOOGLE MEET	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
ZOOM	✓	✓	✓	✓	Basic/Pro up to 100
ACCURX (NHS)	✓	✗	✗	✗	Up to 5
ATTEND ANYWHERE/NEARME (NHS)	✓ With Chrome extension	✗	✓	✗	Up to 10
MICROSOFT TEAMS	✓	✓ Disabled by default	✓	✓	9 on screen 250 in meeting
CISCO WEBEX	✓	✓	✓	✓	Up to 100
WHEREBY	✓	✗	✓	✗	Free version Up to 4
JITSI	✓	✓	✓	✓ Add-on	Up to 75
GOOGLE MEET	✓	✓ With Chrome extension	✓	✓ Integrates with Jamboard	Up to 30

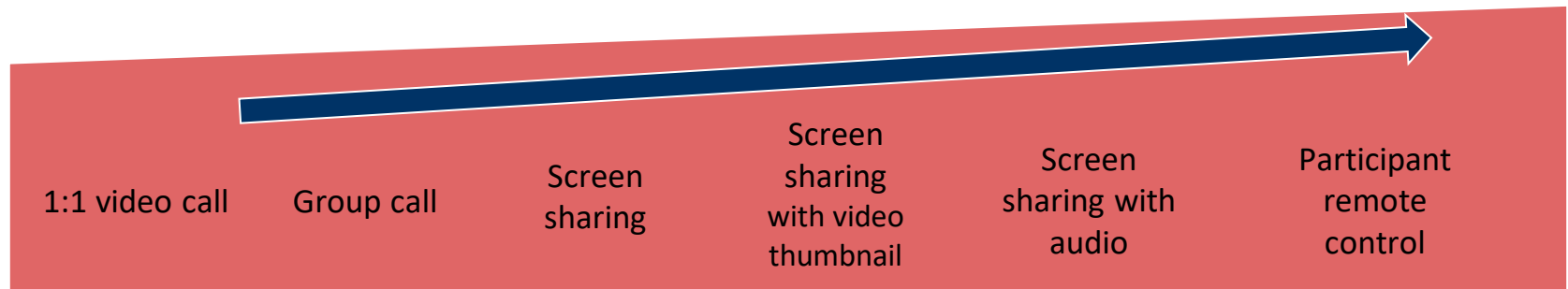
Platform Security

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

BT WiFiCall 09:50 85%

AA forms.office.com

VHI - 10

* Required

1. Please enter you name. *

Enter your answer

2. Please enter you Date of Birth. *

Please input date in format of dd/MM/yyyy

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. *

My voice makes it difficult for people to hear me. ^

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 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
- 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 obtaining the service user to exhibit their optimum performance

Resources

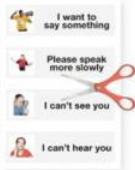


keepsafe.org.uk

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



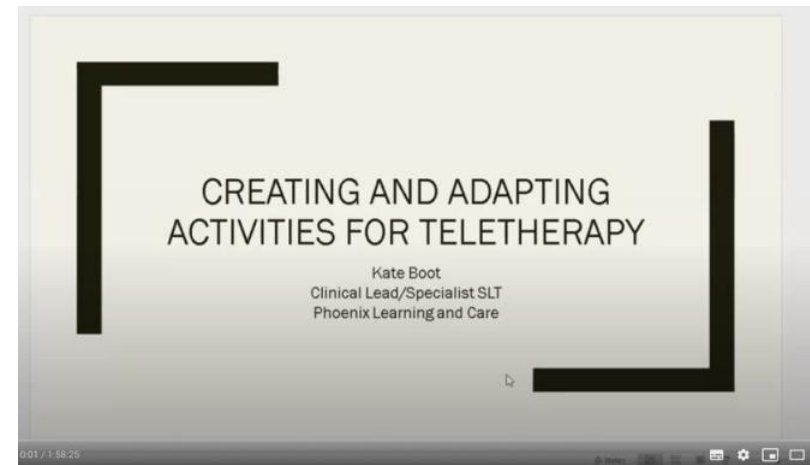
- E-feedback forms



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



<https://youtu.be/wqte2Mltpok>

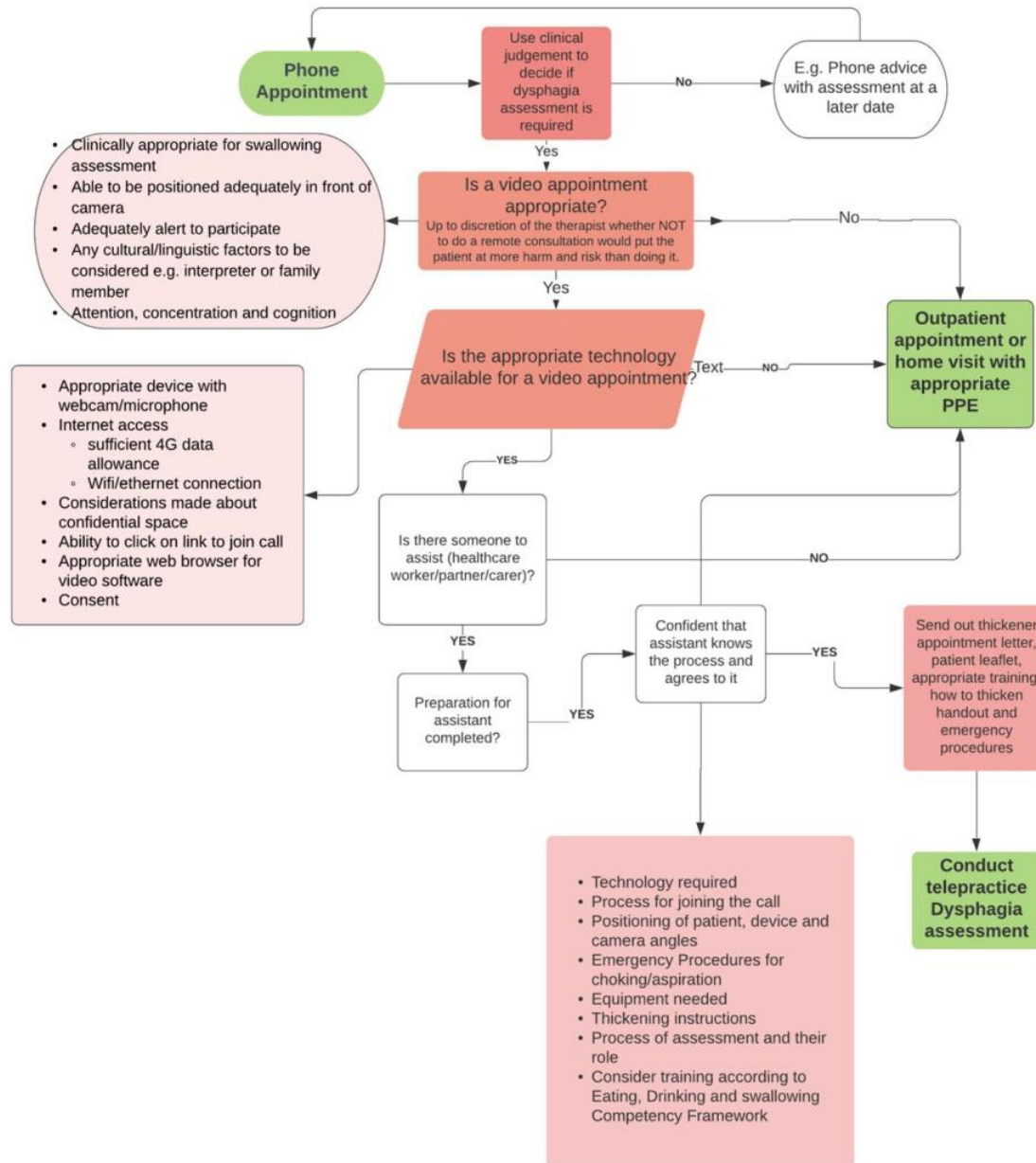
<https://www.youtube.com/watch?v=wb-xPyOG5A&feature=youtu.be>

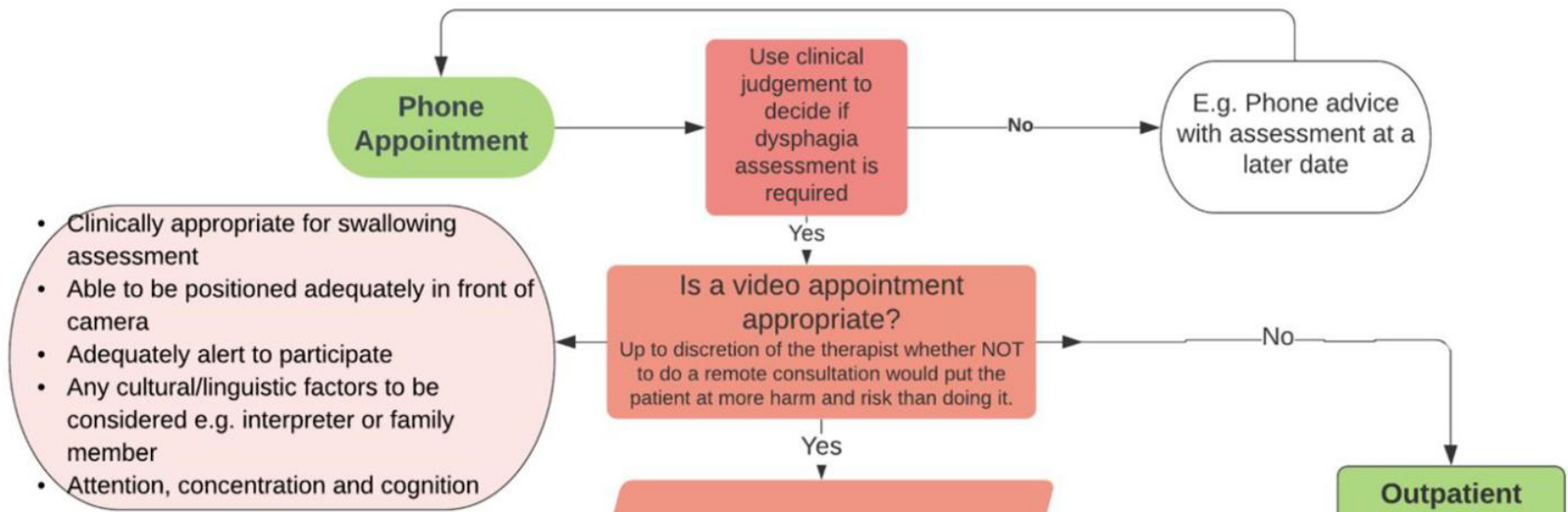
[Pearson guide on delivering CELF online](#) may be useful and a model for other assessments

Dysphagia assessments

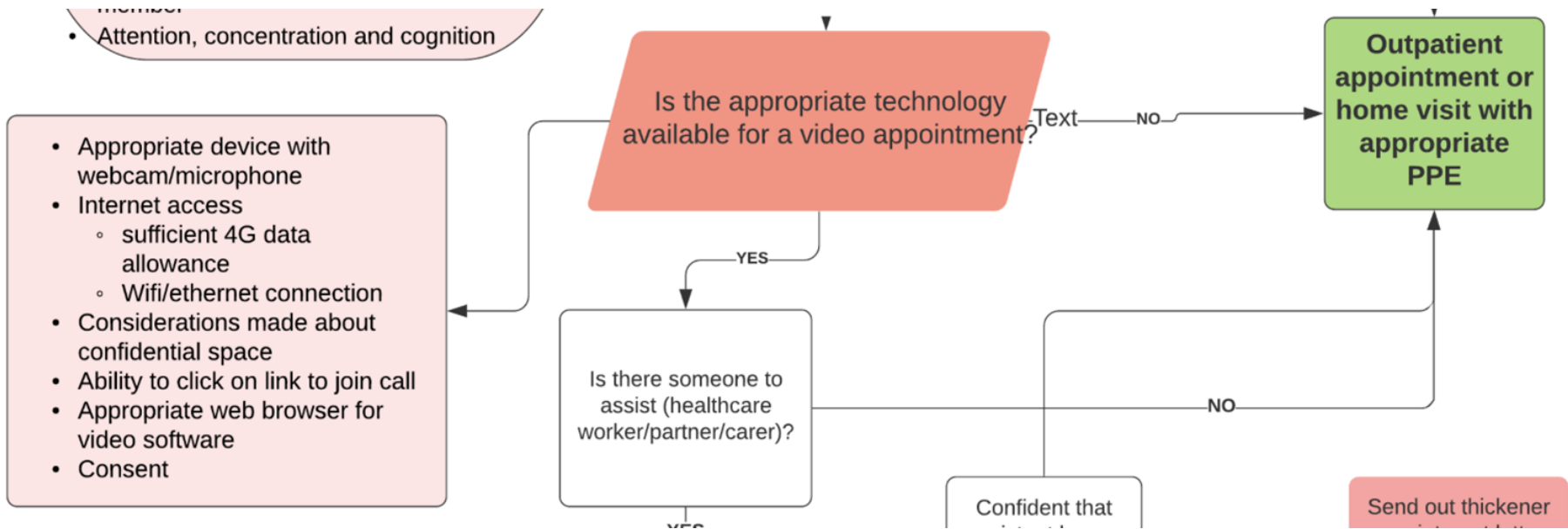


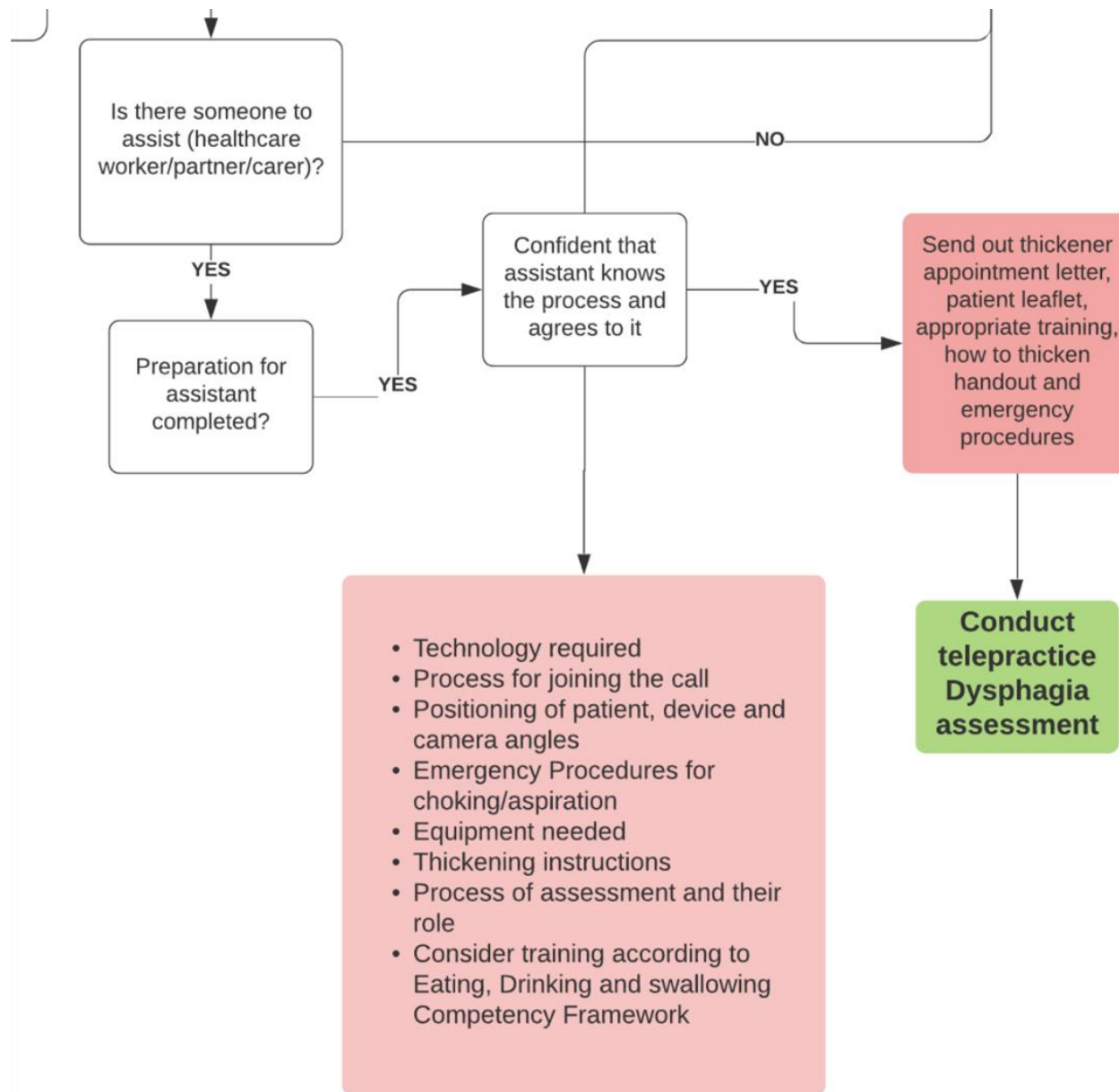
- Assessing risk
- [The process](#)
- [Resources](#)





- member
- Attention, concentration and cognition





- 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>https://www.sja.org.uk/get-advice/first-aid-advice/?parentId=12265&categoryId=12274</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.



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



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)

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

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.



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

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



The image shows a screenshot of a web browser window. The browser has several tabs open, including 'Narrative Therapy Chapter' and 'Jungle Safari Language pac'. The page content includes a red button with the word 'Red' and a list of five questions. Red checkmarks are placed to the right of the first four questions. A video feed of a woman, identified as Meera Mehta, is visible in the bottom right corner of the browser window. The questions are: '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?'.

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

Any questions?



Join us for the next webinar

COVID-19

www.rcslt.org/webinars

