

What are the factors influencing the implementation of self-managed computerised therapy for people with long term aphasia following stroke? A qualitative study

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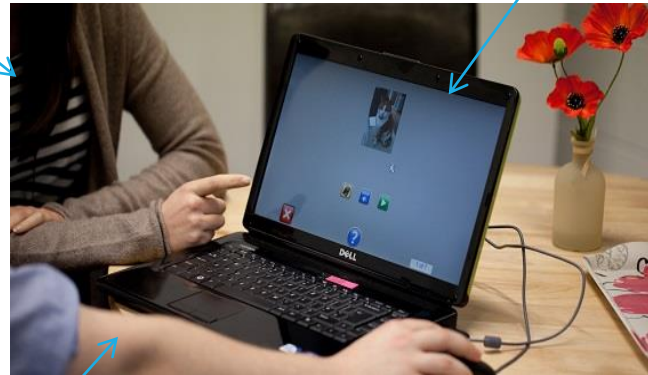
Background

- Speech and language therapy services for people with aphasia are often restricted to the first few months following a stroke due to limited NHS resources and the costs of face-to-face therapy provision (Code & Petheram 2011)
- To maximise recovery, a high dose of regular therapy practice over a long period is required (Brady et al 2016)
- Tailoring therapy to patient needs and interests is recommended for optimum effectiveness
- Need to find ways to enable more practice
- Using computers to carry out independent practice has been explored as one possible solution (Zheng et al 2016)

Computer aphasia therapy: approach to word finding therapy (Palmer et al 2015)

Volunteer to support language practice and computer use

StepByStep© software



Patients carry out regular independent self-managed practice

SLT tailors software



100 words of personal interest

Aim

To explore Speech and Language Therapists' experiences of carrying out a self-managed computerised intervention for aphasia, to identify and understand the key factors influencing implementation across NHS trusts.

Methods

- Qualitative semi-structured interviews
- 11 SLTs from across the UK, experienced in implementing technology as part of the Big CACTUS study
- Determinant framework informed the topic guide
 - Consolidated Framework for Implementation Research (Damschroder et al 2009)
 - Has been used by other studies into implementation in SLT
 - Topic guide questions related to each domain of framework
- Inductive Thematic Analysis

Domains and Constructs of the Consolidated Framework for Implementation Research (Damschroder et al 2009)

Implementation					
Domains	Intervention Characteristics	Outer Setting	Inner Setting	Characteristics of the Individual	Implementation Process
Constructs	<ul style="list-style-type: none"> Intervention source Evidence strength & quality Relative advantage Adaptability Trialability Complexity Design quality & packaging Cost 	<ul style="list-style-type: none"> Patient needs & resources Cosmopolitanism Peer pressure External policy & incentives 	<ul style="list-style-type: none"> Structural characteristics Networks & communications Culture Implementation climate <ul style="list-style-type: none"> tension for change compatibility relative priority organisational incentives & rewards goals & feedback learning climate Readiness for intervention <ul style="list-style-type: none"> leadership engagement available resources access to knowledge & information 	<ul style="list-style-type: none"> Knowledge & beliefs about the intervention Self-efficacy Individual stage of change Individual identification with organisation Other personal attributes 	<ul style="list-style-type: none"> Planning Engaging <ul style="list-style-type: none"> opinion leaders internal implementation leaders champion external change agents Executing Reflecting & Evaluating

Results

Seven themes emerged from the data

1. advantages of the approach to self-managed computer therapy (therapist tailoring and assessment; independent practice and volunteer support)
2. considerations in setting up computer therapy for independent practice
3. volunteer/assistant considerations
4. local IT departments: processes and delays
5. disadvantages of personalising therapy software
6. therapist perceptions of factors influencing who can benefit from self-managed computer therapy
7. into the future: how the approach fits with local services and how would it need to be adapted for ongoing clinical practice

I do think those assistant visits are important just to keep on top of things and make sure that the person is doing it how you intended that they should do it, to be of the most benefit to them (R2)

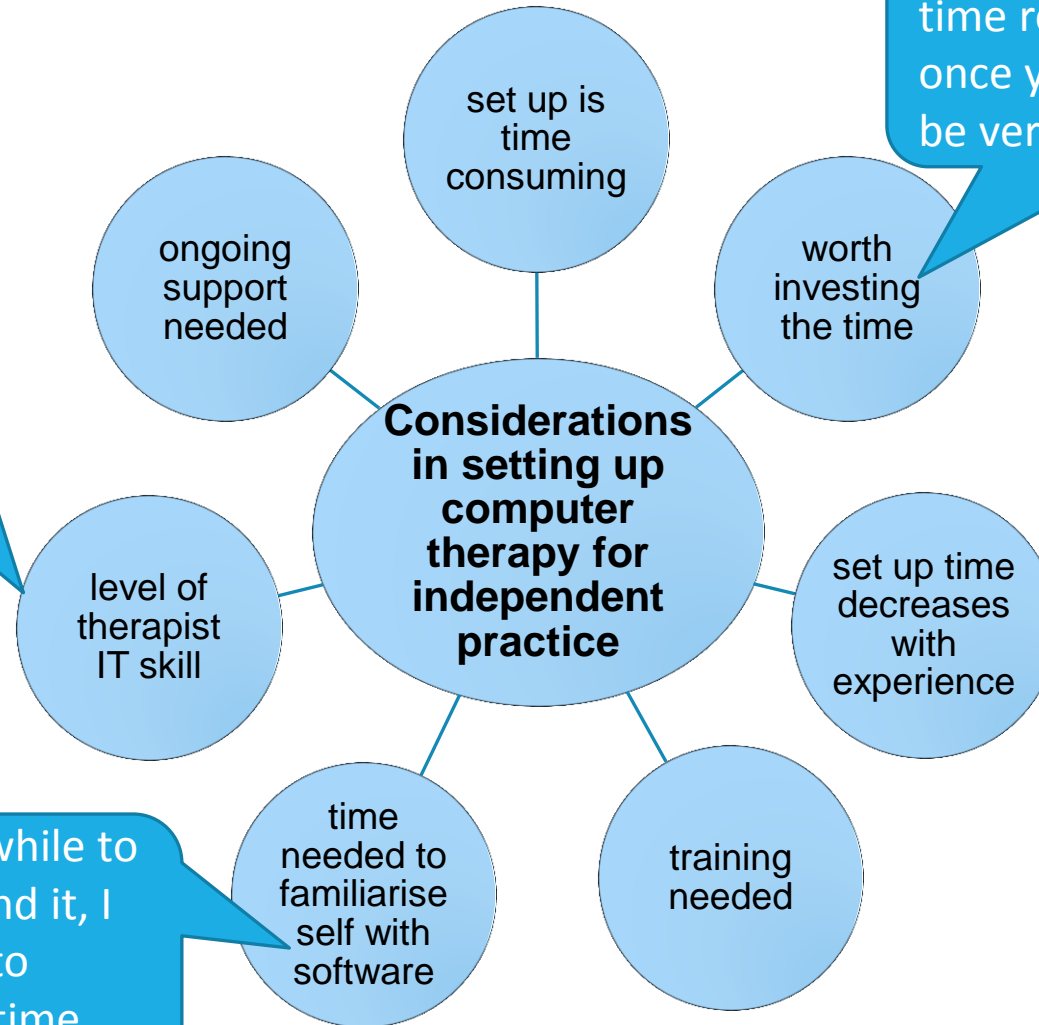
we don't have the staffing any more to provide the kind of 1:1 therapy that we used to (...) and being independent and people working by themselves is very much part of the push at the moment (R5)



people more and more are using computers aren't they, and people ask (...) is there anything I can be doing on my computer at home. (R10)

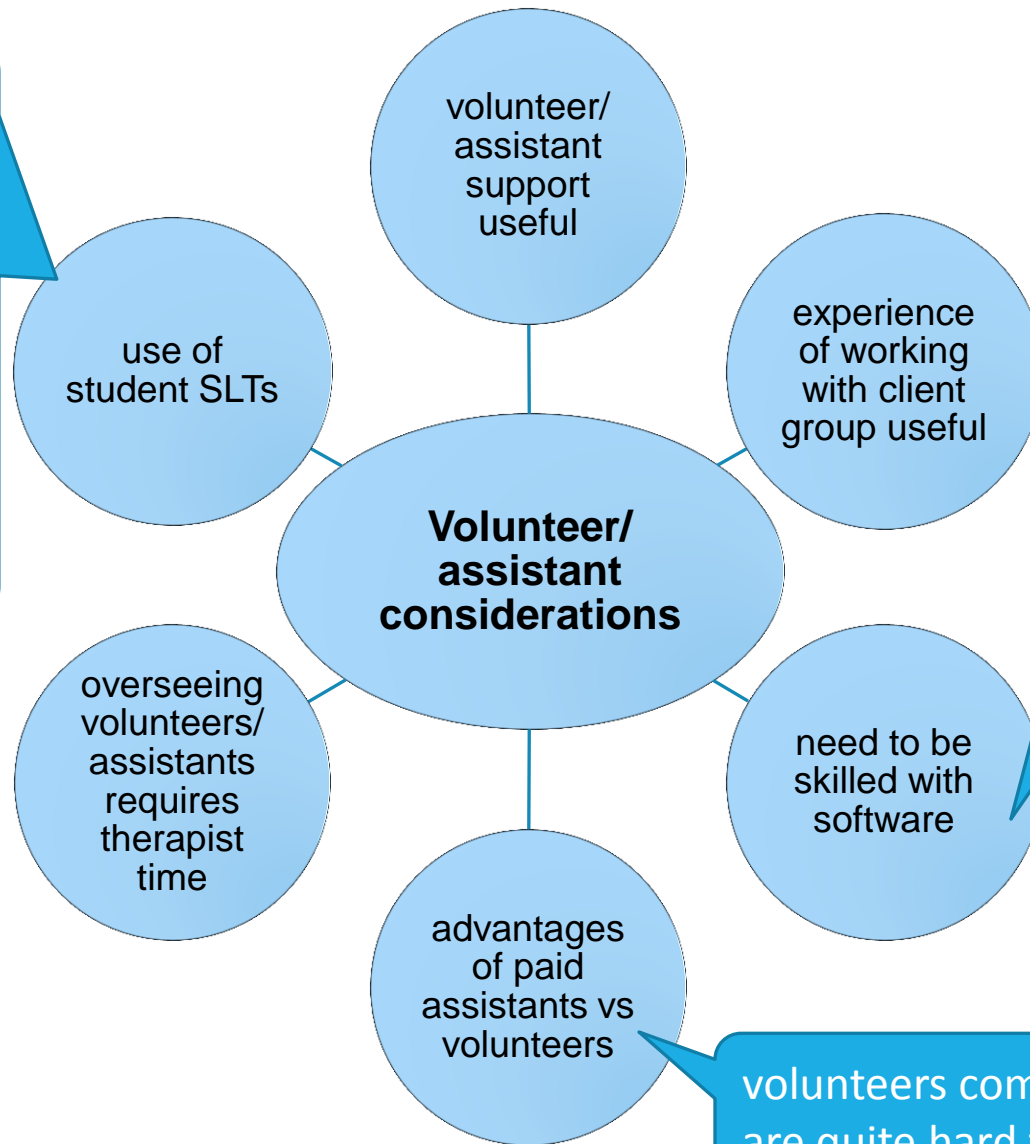
getting familiar with it initially was a challenge (...) because technology for me isn't something that comes easily(R2)

it takes you a long while to get your head around it, I think it's very easy to underestimate the time that you need for that (R8)



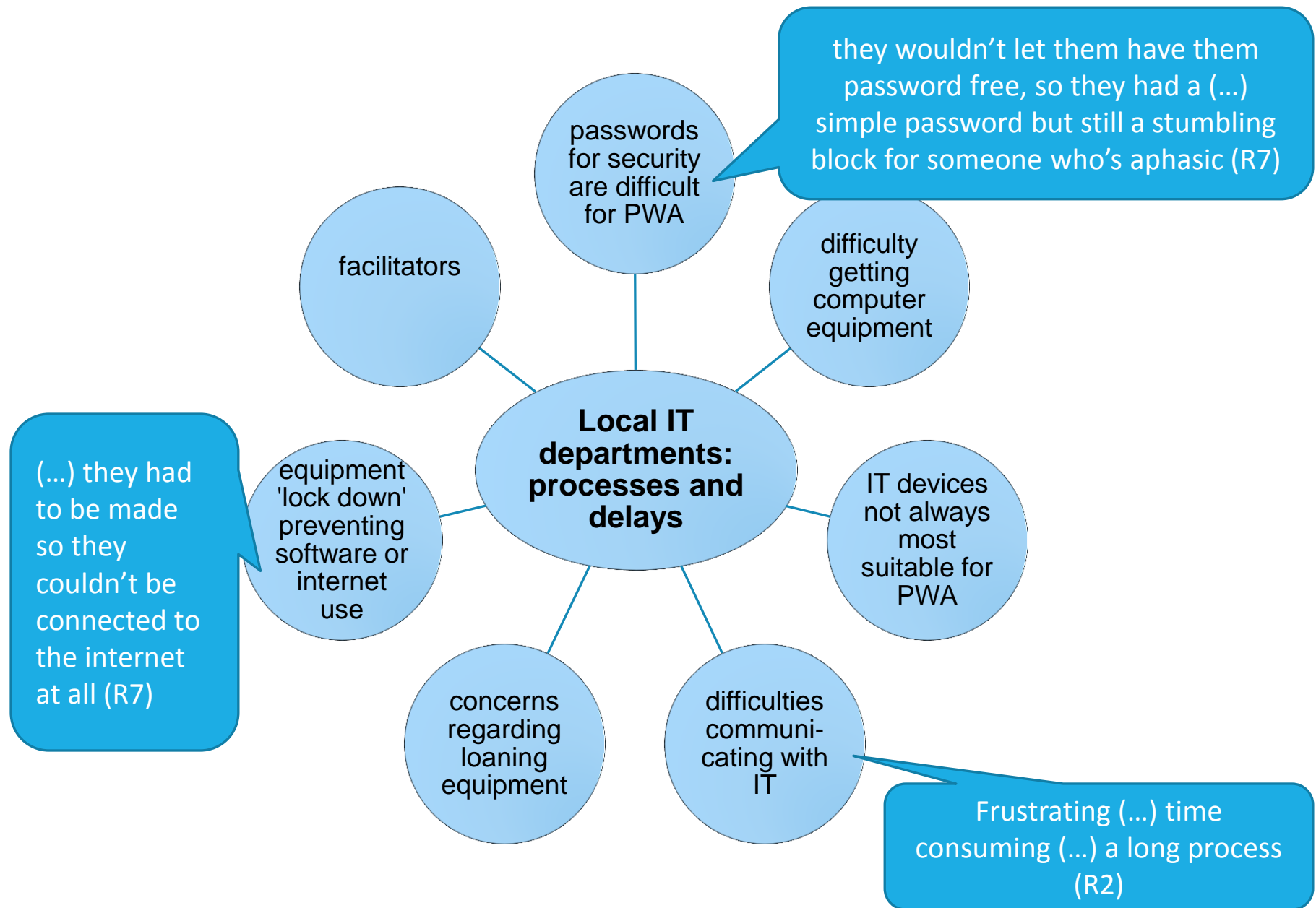
it's worth investing the time really if you can, and once you get going, it can be very valuable (R10)

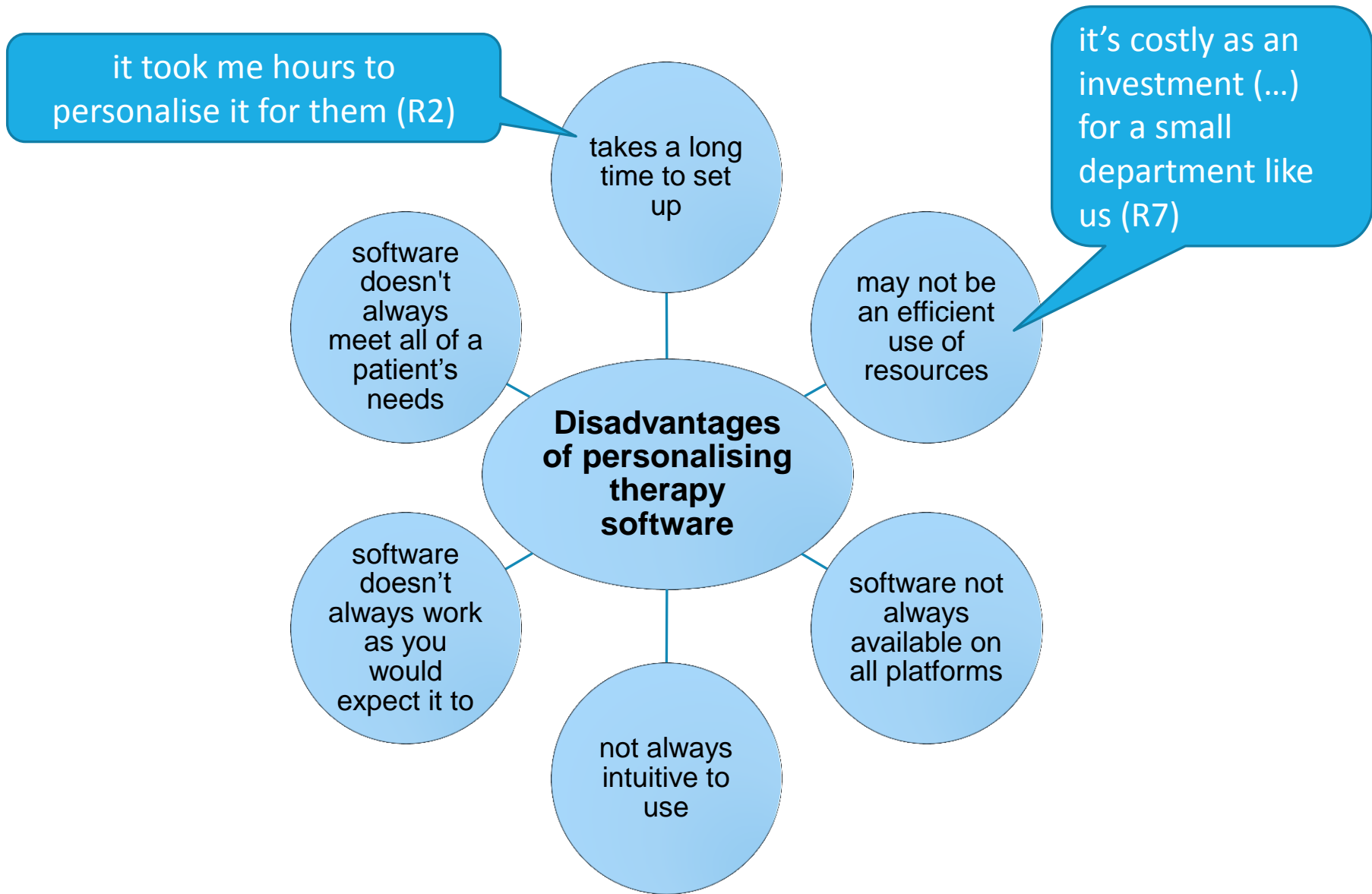
I think student [volunteers] are a really good source (...) they were incredibly professional and flexible, and I really enjoyed working with them (R9)

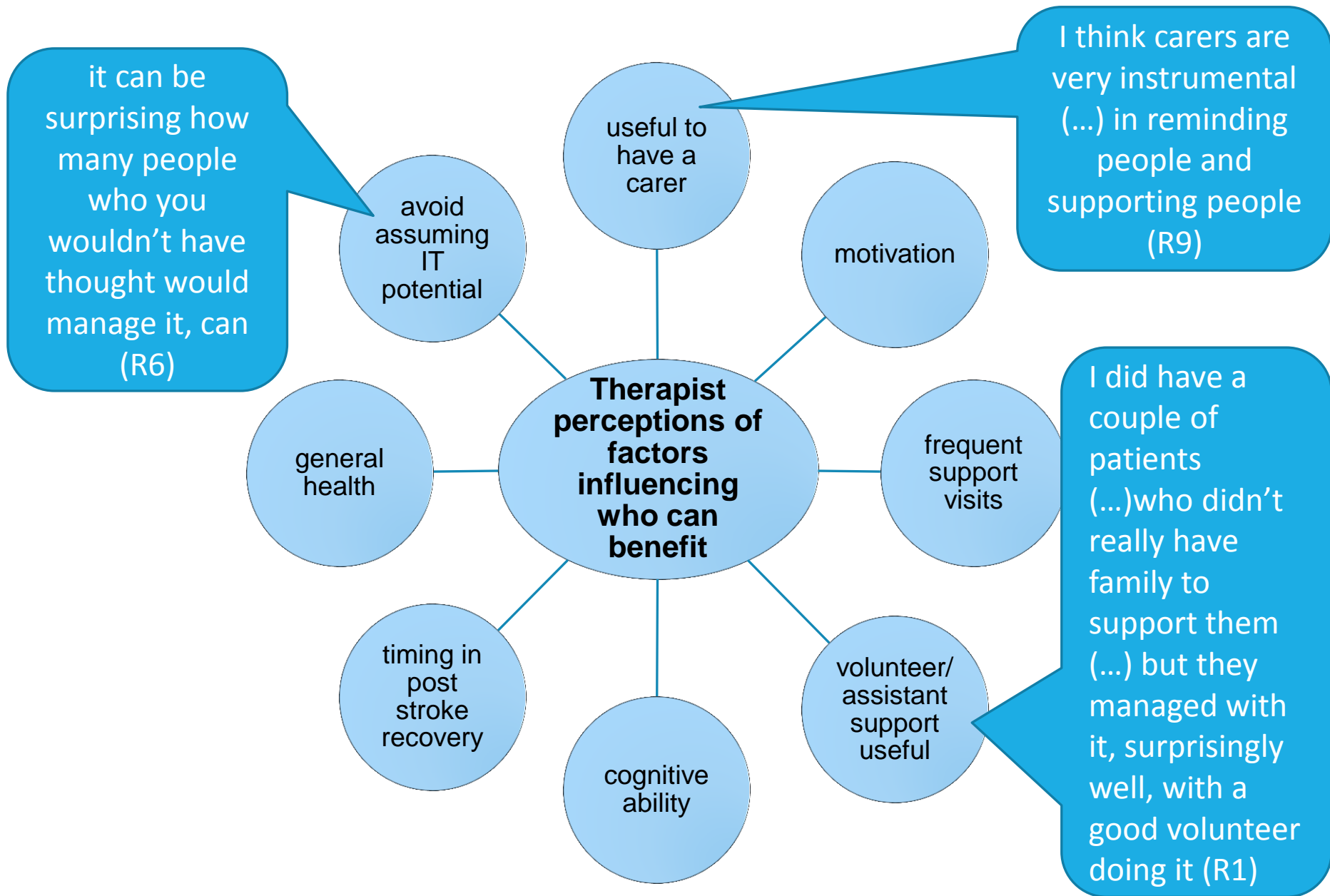


you've got to be really confident that they understand the software and how to tweak it (R6)

volunteers come and go; they are quite hard to hang onto (R1)







I think that there are things that therapists can do and can offer that even a really experienced assistant would need to come back and check with you (R6)

increase SLT input alongside volunteer visits

SLT introduces over a longer period of time

useful role for existing assistants

where the approach fits in the stroke pathway

patients could be doing that whilst they're on the waiting list to be seen by community (R7)

use with patients on the wards and in the community (R6)

making a range of software / hardware available

Into the future

training to local SLT team

cost / funding solutions

adapting the approach

I would feel my way with it, check that they are practising [and] able to manage the software and the computer before I set up a lot of exercises or put a lot of personalised vocabulary into it (R7)

Key Learning Points from this research

- Supported self-managed computer therapy could help to increase intensity where staffing is limited, bridge a gap between services, and provide longer term management
- Tailoring software helps to meet different patient/service needs but requires SLT time up front
- SLT familiarisation with new software is required
- Select software that meets needs of patient and is intuitive
- Patients' previous experience with computers need not influence the decision to offer computer therapy
- Assistants/volunteers are key for supporting & facilitating self management with computer therapy
- Having a named contact in IT helps
- Funding options

Impact

Implementation of computer software to support self-managed practice of language exercises has the potential to impact:

- individuals with aphasia, by enabling them to have increased amounts of language therapy
- service delivery, by ensuring greater amounts of therapy provision within existing resources

This research suggests factors that therapists need to consider when implementing technology to increase the amount of therapy available

References

Brady, M,C., Kelly, H., Godwin, J., Enderby, P. & Campbell, P.(2016) Speech and language therapy for aphasia following stroke. *Cochrane Database of Systematic Reviews*, Issue 6

Code, C. & Petheram, B. (2011) Delivering for aphasia, *International Journal of Speech-Language Pathology*, 13:1, 3-10.

Damschroder, L., Aron, D., Keith, R., Kirsh, S., Alexander, J., & Lowery, J. (2009) Fostering implementation of health services research findings into practice: A consolidated framework for advancing implementation science. *Implementation Science*, 4, Implementation Science, 2009 Aug 7, Vol.4.

Palmer, R., Cooper, C., Enderby, P., Brady, M., Julious, S., Bowen, A., & Latimer, N. (2015) Clinical and cost effectiveness of computer treatment for aphasia post stroke (Big CACTUS): Study protocol for a randomised controlled trial. *Trials*, 16(1), 18.

Acknowledgements

- Thank you to all the Speech and Language Therapists for finding time in their busy schedules to take part in this study.
- The Big CACTUS study is independent research commissioned by the National Institute for Health Research (NIHR) under its Health Technology Assessment Programme (Grant Reference Number HTA 12/21/01). The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health.
- Big CACTUS was also part funded by the Tavistock Trust for Aphasia