

Standardising our videofluoroscopy service as part of a research initiative

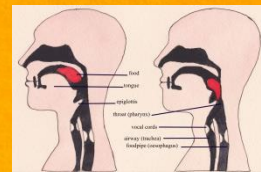
Evidence Based Practice

over to you

Background

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

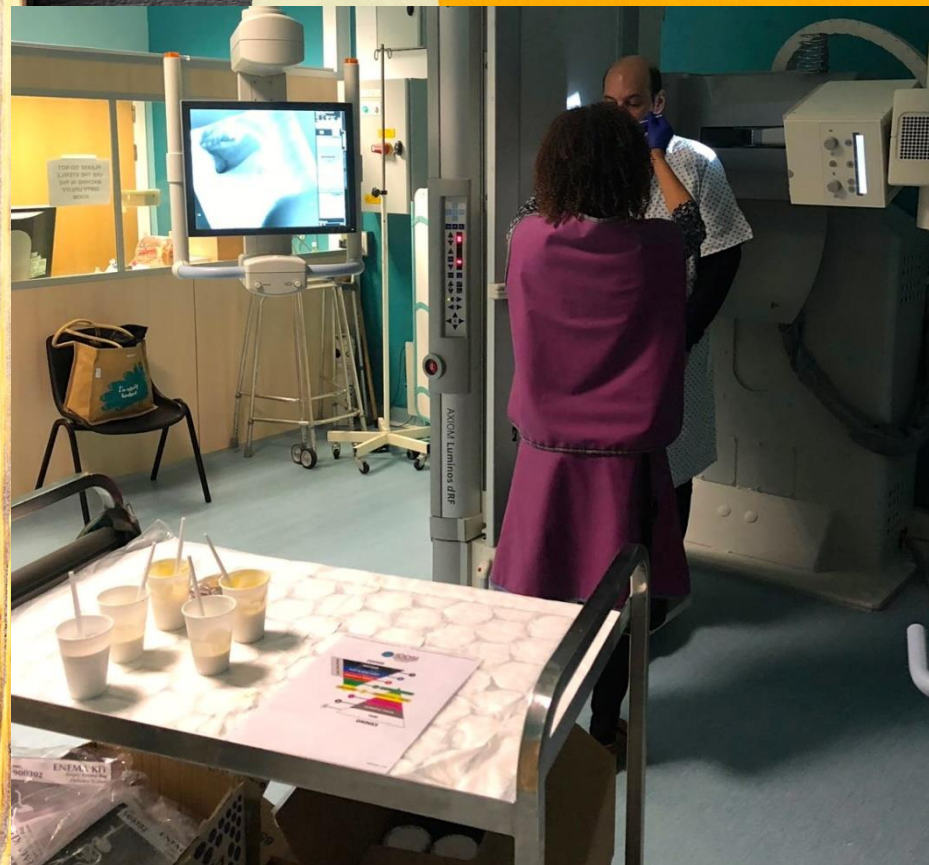
WHAT FOR: SIP SMART feasibility trial of a pre-treatment swallowing intervention.



ISRCTN:40215425

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.



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

The Activity



(MBS Imp online training)

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.

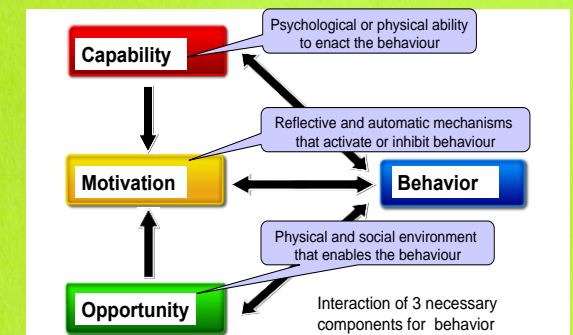
Motivation: Consensus rating for SIP SMART trial created peer support and driver for change in practice.

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.



Recommendations



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

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

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