



Remote, Rapid, Cost-Effective Identification, Assessment and Management of Dysphagia

Telehealth Service Delivery Guide

How to establish a dysphagia telehealth service in your locality based on the experience and expertise from designing and implementing Teleswallowing®



1. Consultation with senior decision makers

(NHS managers, CCGs, IT dept, Nursing home managers, etc)

The successful implementation of telehealth requires the co-operation and co-ordination of different NHS departments such as IT, Speech and Language Therapy, care home staff and management. This can only be achieved where there is senior management commitment to the successful implementation of telehealth.

The use of telehealth between NHS and care homes is likely to increase as a matter of course due to the benefits listed below. At this time of Covid-19 restrictions, it assists in the delivery of safe healthcare and reduces the risk of cross infection.

Some points for senior decision makers to consider:

Key patient benefits

- The remote assessment of individual's ability to swallow via telehealth reduces the delay between referral and assessment and may avoid health deterioration (which

can be rapid in frail elderly people) due to dehydration, malnutrition and aspiration pneumonia.

- Avoiding health deterioration may subsequently help avoid hospital admission.
- Reducing the delay between referral and assessment reduces discomfort, anxiety and distress caused by choking and coughing on food and drink of an inappropriate consistency.
- Reducing delay between referral and assessment reduces the time patients are left 'nil by mouth'.
- Remote telehealth assessment and management reduces the number of individuals needing to attend an out-patient clinic which may be inconvenient, stressful and dangerous during the COVID-19 pandemic due to the risk of infection.
- Remote telehealth assessments allow individuals to remain in familiar surroundings which are more convenient and less stressful.
- The "hands on" element of the remote assessment is performed by a familiar member of the healthcare team which can be less stressful.

Impact on patients

- During the testing phase of Teleswallowing® the adoption sites reported no loss of rapport between patient and Speech and Language Therapist and no reduction in diagnostic accuracy.
- Reportedly, two years following the implementation of Teleswallowing®, no-one has been admitted to hospital with swallowing difficulties from the initial cohort of nursing homes. This may be due to the rapid response and consequent reduction in the risk of health deterioration (due to dehydration, malnutrition and aspiration pneumonia) afforded by remote assessment.

Key service benefits

- Improved time and cost efficiency without reduction in quality of service.
- Increased productivity of scarce resources (Teleswallowing® has proven a threefold increase in productivity and can save 10.38 weeks of traditional service delivery).

Impact on service

- Improved time and cost efficiencies to alleviate pressure on over-stretched services and reduce waiting times with no loss of quality.
- Improved efficiency and reduction in reliance on expensive agency staff.
- Delays avoided between referral and assessment which may prevent deterioration of an individual's health and avoid the need for hospital admission.
- Telehealth dysphagia training enables the healthcare worker to be more skilled at managing swallowing difficulties.
- Telehealth dysphagia training and involvement in assessments increases care home staff awareness of dysphagia, enabling them to identify dysphagia sooner before the residents' health deteriorates further.
- Telehealth dysphagia training may reduce the number of inappropriate referrals.



Evidence

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2. Role of the Service Manager

It is pivotal in any service delivery change that the Manager pioneers and champions the change and supports the new way of working.

Responsibilities may include to:

- work with the key stakeholders to share ownership of any telehealth initiative and to ensure competency, confidence and commitment of all concerned
- produce the telehealth Standard Operating Procedure
- develop a Risk Assessment
- develop a database of assessment data, IT connectivity and acceptability

- prepare an emergency management and troubleshooting guide
- authorise other key service documentation (e.g. referral forms, certification, local information leaflets).

3. Role of the Speech and Language Therapy Telehealth Dysphagia Team

Responsibilities may include to:

- contribute to development of the Standard Operating Procedure, Risk Assessment and key service documentation
- develop a Telehealth Dysphagia Proforma aligned with usual service delivery
- develop and train the Telehealth Dysphagia Partner assisting with the
 - IT system
 - clinical assessment (Telehealth Dysphagia Proforma)
- certificate and maintain the competence of the Telehealth Dysphagia Partner
- maintain database of assessment data, IT connectivity and acceptability

4. Role of the Telehealth Dysphagia Practitioner

(usually a Speech and Language Therapist)

Telehealth can be used for a number of purposes including triage, reviews, mealtime assessments and full assessments. It can also assist in the training and support of junior colleagues who can link into more senior colleagues at a different location. It can help to recruit and retain staff and assist those staff with health and mobility concerns by delivering assessments remotely.

The Telehealth Dysphagia Practitioner remains responsible for the Telehealth assessment, decisions and recommendations, as they would during a face-to-face procedure.

The delivery of training for Telehealth Dysphagia Partners commensurate with their role in the remote assessment.

Responsibilities may include:

- introductions and confirmation of consent
- undertaking a case history
- undertaking a swallowing assessment and recording observations on a proforma whilst assisting the Telehealth Dysphagia Partner to gather and record data during the assessment
- instructing camera angles to facilitate observation
- assessing oromotor, oral hygiene and dentition
- conducting swallow trials
- directing interventions (compensatory postures, strategies and manoeuvres, swallowing strategies, modified consistencies)
- explaining results to the individual and the remote assessor
- review (as appropriate)

- documentation of the assessment and intervention (as per usual care)
- maintaining IT data log.

5. Role of the Telehealth Dysphagia Partners

Telehealth Dysphagia Partners must have dysphagia training commensurate with their role to ensure competency in being a Telehealth Dysphagia Partners. Training should be aligned to RCSLT Eating, Drinking and Swallowing Competency Framework 2020.

Their responsibilities may include:

- preparation of the environment – a private, confidential space with the telehealth device set up (with clear anterior or lateral views) of the individual, a telehealth proforma, a full range of thickened drinks/foods and appropriate utensils available and within easy reach
- preparation of IT equipment – the device to be used is charged and the WiFi connection is checked
- preparation of individual with swallowing difficulty – the person is oriented and sat in an upright position and the person's mouth is clean
- being prepared to receive the Telehealth Dysphagia Practitioner's call on whatever software is installed on the device
- being prepared to give a summary or full details of the individual's case history (this may already have been completed previously)
- assisting the Telehealth Dysphagia Practitioner to undertake the remote assessment and record the outcomes on the telehealth proforma
- report IT acceptability
- disseminate the results to others caring for the person with swallowing difficulties
- monitor the person for any alteration in swallow function



For more information go to www.teleswallowing.com