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

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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


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

<table>
<thead>
<tr>
<th>Clinical Area</th>
<th>Number of Studies</th>
</tr>
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<tbody>
<tr>
<td>Cardiovascular disease</td>
<td>36</td>
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<tr>
<td>Diabetes</td>
<td>21</td>
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<tr>
<td>Respiratory conditions</td>
<td>9</td>
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<tr>
<td>Gastrointestinal conditions</td>
<td>2</td>
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<td>Mental health conditions</td>
<td>7</td>
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<td>Urogenital conditions</td>
<td>3</td>
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<tr>
<td>Neurological conditions</td>
<td>2</td>
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<tr>
<td>Neonatal conditions</td>
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</tbody>
</table>
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

- Systematic reviews: Molini-Avejonas et al (2015); Weidner & Lowman (2020)
Remote Speech and Language Therapy services in Buckinghamshire

Adam Willison, Buckinghamshire County Council, UK
Debbie Reegen, Buckinghamshire County Council, UK

Correspondence to: Adam Willison, E-mail: awillison@buckscc.gov.uk

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’Court3, MD; Shani Vijayaraghavan3, MD; Joanne Morris3, PhD; Satyajit Bhattacharya4, FRCS; Trisha Greenhalgh5, MD

1Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, United Kingdom
2Faculty of Linguistics, University of Oxford, Oxford, United Kingdom
3Barts Health NHS Trust, London, United Kingdom

“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

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

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)
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.”


- “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_5hfwRufOWOOk1toF
References


Bidmead E, Marshall A, Reid T, Southern V: Blackpool Teaching Hospitals NHS Foundation Trust Speech and Language Therapy Teleswallowing Innovation, an adoption study, final research report. University of Cumbria April 2015

Boaden E, Southern V, House L, Nickson S: Distance is no longer an object. RCSLT Bulletin August 2014 11-14


References


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
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

- 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.
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?

- You can see patients while maintaining isolation or social distancing
- Visual assessment adds key clinical data
- Calls are safe and secure
- The decision to choose it is shared between you and the patient
- It can save patients stress, time and travel expenses

Preventing a video consultation

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

Starting a video consultation

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

Communicating in a video consultation

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

Closing a video consultation

17. Summarise the main points of the consultation to make sure nothing is missed
18. Ask the patient whether they want to have the next appointment over a video call
19. If the patient has no more questions, you can say 'goodbye' and end the call
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?
- You can still have NHS appointments if you are social distancing or isolating
- Your doctor or nurse can see how you are
- It can save you stress, time and money
- Calls are safe and secure

What you need
- A charged up computer, tablet or smartphone with a built in camera and microphone
- A quiet, well-lit place where you won’t be disturbed
- A good internet connection

Please turn over
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
Resources

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.

I want to say something

I do not understand

Please speak more slowly

I need a break

I can’t see you

I have to go

I can’t hear you

Send me a message

Can you please speak louder

Can you say that again

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

- E-feedback 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/wqte2MItpok
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
Phone Appointment

- Clinically appropriate for swallowing assessment
- Able to be positioned adequately in front of camera
- Adequately alert to participate
- Any cultural/linguistic factors to be considered e.g. interpreter or family member
- Attention, concentration and cognition

Use clinical judgement to decide if dysphagia assessment is required

- Yes
- No
  - E.g. Phone advice with assessment at a later date

Is a video appointment appropriate?

- Yes
  - Up to discretion of the therapist whether NOT to do a remote consultation would put the patient at more harm and risk than doing it.
- No

Is the appropriate technology available for a video appointment?

- Yes
  - Outpatient appointment or home visit with appropriate PPE
- No
  - Text

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

- Yes
  - Confident that assistant knows the process and agrees to it
  - Preparation for assistant completed?
    - Yes
      - Conduct telepractice Dysphagia assessment
    - No
      - Send out thickener appointment letter, patient leaflet, appropriate training, how to thicken handout and emergency procedures
  - 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

- No
  - Outpatient appointment or home visit with appropriate PPE
Phone Appointment

Use clinical judgement to decide if dysphagia assessment is required

- Clinically appropriate for swallowing assessment
- Able to be positioned adequately in front of camera
- Adequately alert to participate
- Any cultural/linguistic factors to be considered e.g. interpreter or family member
- Attention, concentration and cognition

Is a video appointment appropriate?

- Yes
- No

E.g. Phone advice with assessment at a later date

Outpatient

Up to discretion of the therapist whether NOT to do a remote consultation would put the patient at more harm and risk than doing it.
Is the appropriate technology available for a video appointment?

- Yes
  - 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

- No
  - Outpatient appointment or home visit with appropriate PPE

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

- Yes
  - Confident that

- No
  - Send out thickener
Is there someone to assist (healthcare worker/partner/carer)?

- YES
  - Preparation for assistant completed?
    - YES
      - Confident that assistant knows the process and agrees to it
      - Conduct telepractice Dysphagia assessment
    - NO
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- 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

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

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

<table>
<thead>
<tr>
<th>Issue</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service user moves out of view of camera</td>
<td>Ask assistant to adjust camera angle as necessary</td>
</tr>
<tr>
<td></td>
<td>Remind service user to remain in position</td>
</tr>
<tr>
<td>Loss of connection</td>
<td>Reconnect</td>
</tr>
<tr>
<td></td>
<td>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)</td>
</tr>
<tr>
<td>Reduced privacy and/or confidentiality</td>
<td>Ask service user/assistant to find a quiet, private setting for appointment</td>
</tr>
<tr>
<td></td>
<td>Check who else is present in the environment</td>
</tr>
<tr>
<td></td>
<td>Confirm that the service user is happy to proceed with the appointment/consider best interests</td>
</tr>
<tr>
<td>Service user chooses to end call early</td>
<td>Attempt reconnection (agree no. of attempts in local policy). Contact service user or assistant to rearrange appointment/ send recommendations.</td>
</tr>
</tbody>
</table>
## 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

<table>
<thead>
<tr>
<th>Clinician unable to quickly or physically intervene in case of any common adverse signs (eg, choking, assistant feeding too quickly)</th>
<th>Send details of essential requirements/important information by letter/email in advance of the appointment (choking advice/CPR advice)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><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></td>
</tr>
<tr>
<td></td>
<td>Check choking advice has been received in advance</td>
</tr>
<tr>
<td></td>
<td>Set ‘ground rules’ with patient and assistant at start of session (e.g. clinician may ask patient/assistant to stop eating/feed more slowly)</td>
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<tr>
<td></td>
<td>Clinician to ensure local ‘Choking Script’ is available to refer to and to read out to patient/assistant if required</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinician unable to quickly or physically intervene in case of medical emergency or other emergency situation</th>
<th>At the start of the appointment, check that the patient has received the above information including Resuscitation/choking advice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Set emergency procedures with patient and assistant at start of session e.g. who will call 999 if needed (dependent on setting)</td>
</tr>
</tbody>
</table>
# After the assessment

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

**Process for remote swallowing assessments**

**BEFORE THE ASSESSMENT**
- Introduce everyone in the room.
- Patient identification and consent has been confirmed e.g. DNR.
- 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 (e.g., altered health state of patient).

**ROLE OF THE ASSISTANT**
- 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).
- Confirm 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.
- Monitor 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 recommendations 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**
- 3 Sachets of Thickener
- 3x Jug of squash
- 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

<table>
<thead>
<tr>
<th>IDOSI Fluid recommendation</th>
<th>Number of scoops of thickener per 200mls fluid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1 (slightly thick)</td>
<td>1 scoop</td>
</tr>
<tr>
<td>Level 2 (mildly thick)</td>
<td>2 scoops</td>
</tr>
<tr>
<td>Level 3 (moderately thick)</td>
<td>3 scoops</td>
</tr>
<tr>
<td>Level 4 (extremely thick)</td>
<td>6 scoops</td>
</tr>
</tbody>
</table>

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
Be the difference
sja.org.uk
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

Thanks to Meera Mehta, Specialist Speech & Language Therapist: Unlocking Language.
Any questions?
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COVID-19

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