

# CFAHR Evidence Brief

Enhancing the understanding of, and access to, speech pathology head and neck cancer services in rural areas

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## Alignment with [Metro South Health Research Strategy 2019 - 2024](#)

- Build research capability
- Increase research capacity
- Embed research in clinical services
- Translate research to better health
- Research excellence

## Alignment with [Allied Health Research Capability & Development Strategy 2021 - 2025](#)

- Engage staff as research consumers
- Enable staff as research generators
- Build research-enabling infrastructure and strategic processes
- Strengthen leadership in research and innovation
- Enhance internal research collaboration and synergy

## ICARE<sup>2</sup> values



- Strengthen partnerships with consumers and external stakeholders

### Alignment with [Allied Health Research Capability & Development Strategy 2021 - 2025](#)

- Standard 1 – Clinical Governance
- Standard 2 – Partnering with consumers
- Standard 3 – Preventing and controlling healthcare-associated infection
- Standard 4 – Medication safety
- Standard 5 – Comprehensive care
- Standard 6 – Communicating for safety
- Standard 7 – Blood management
- Standard 8 – Recognising and responding to acute deterioration

### Practice Issues

The optimal management of people post head and neck cancer (HNC) treatments necessitates a wide array of healthcare professions providing care within specialist HNC multidisciplinary teams (MDT). One such member of the HNC MDT is speech pathology (SP), the profession responsible for the assessment and management of communication and swallowing difficulties. Unfortunately, for many individuals living in rural areas, there are recognised challenges in accessing SP services for ongoing HNC care. For many, there is limited local services and accessing ongoing SP services typically requires travelling long distances to metropolitan services, which is known to cause personal and family stress along with financial burden. Whilst these issues have been reported in the literature, there is limited information on how service access, outcomes and experiences differ during the post-acute recovery phase for people from rural areas. To investigate these issues, a large multiphase project comprising of five separate studies was completed.

### Evidence

This project highlighted that multiple inequities exist for rural people with HNC, including significantly lower rates of MDT assessment, significantly less likely to receive treatment within 30-days of diagnosis, requiring almost twice as many occasions of service from healthcare providers in recovery to manage post-acute symptoms, significantly more likely to experience missed or cancelled appointments and face additional challenges of care fragmentation and duplication. These inequities culminated in a complex recovery journey and greater burden in accessing and receiving care for people from rural areas. Importantly, it was noted that change is desired by both HNC consumers and the SP staff who care for them. To guide the implementation of change, a prioritised list of meaningful and actionable goals for change was developed using concept mapping methods and then implemented through two consecutively delivered six-month cycles of a Plan, Do, Study, Act quality improvement project.

### Practice Change

Through this project, numerous resources were developed, allowing rural SP clinicians to access training and skill development locally. Following this, local care at one participating rural site that had previously not accepted referrals for people with HNC was initiated through a shared-care arrangement with a tertiary service, during which eight rural people with HNC accessed local SP care for the first time. The results of this project show that change is possible if rural SP services are supported to evaluate and implement necessary service enhancements. This work contributes to the growing body of evidence that people with HNC living in rural areas, can and should be supported to access some of their care locally, to improve the recovery experience and reduce the burden of travelling to access SP services.

Foley, J., Ward, E.C., Burns, C.L., Nund, R. L., Wishart, L.R., Graham, N., Patterson, C., Ashley, A., Fink, J., Tiavaasue, E., & Comben, W. (2021). Speech pathology service enhancement for people with head and neck cancer living in rural areas: Using a concept mapping approach to inform service change. *Head and Neck*. 43(11), 3504-3521.

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Adapted from Tilley Pain (Townsville HHS)

Based on the Australian Healthcare and Hospitals Association's Health Policy Evidence Brief

Metro South Health Research Strategy 2019 – 2024 [https://qhps.health.qld.gov.au/data/assets/pdf\\_file/0012/2325000/research-strategy.pdf](https://qhps.health.qld.gov.au/data/assets/pdf_file/0012/2325000/research-strategy.pdf)

Allied Health Research Capability & Development Strategy 2021 – 2025 <https://metrosouth.health.qld.gov.au/sites/default/files/allied-health-research-strategy.pdf>

National Safety and Quality Health Service Standards <https://www.safetyandquality.gov.au/sites/default/files/migrated/Overview-of-the-NSQHS-Standards-second-edition.pdf>