CFAHR Evidence Brief

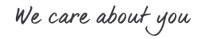
Extended scope of Speech Pathology practice - Impacts and outcomes of a Speech Pathology Allied Health Practitioner led dysphagia and dysphonia service within an Integrated Specialist ENT service

Authors and Affiliations

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Alignment with Metro South Health Research Strategy 2019 - 2024
☐ Build research capability
⊠ Embed research in clinical services
☑ Translate research to better health
□ Research excellence
Alignment with Allied Health Research Capability & Development Strategy 2017 - 2020
☐ 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
$\hfill\square$ Strengthen partnerships with consumers and external stakeholders
Alignment with Allied Health Research Capability & Development Strategy 2017 - 2020
☐ 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

V1 Effective: June 2020





Practice Issue

The use of Allied Health Practitioners (AHPs) working to full or extended scope has the potential to reduce demand on medical specialists, with AHPs acting as the first point of patient contact and triaging referrals. Numerous studies have demonstrated the benefits of this advanced practitioner model of care, with key outcomes including reduced medical waiting lists due to targeted triage, increases in non-surgical intervention and referral re-categorisation.

In response to significant ENT waiting lists exceeding clinical capacity at Logan Hospital, a speech pathology AHP led first point of contact model of care was proposed as an alternative pathway for managing appropriate medium and low priority patients with suspected voice or swallowing concerns. Although some limited early evidence this for type of model has been reported in the United Kingdom, no full-scale service evaluation of a speech pathology first point of contact service model had been conducted.

Evidence

Low risk ENT referrals were triaged by ENT to the speech pathology AHP led dysphagia and dysphonia clinic. An initial 6-month pilot phase and 6-month implementation phase were evaluated, with speech pathology staff successfully able to manage the majority (>70%) of patients without need for further ENT appointments. Risk management was maintained throughout the trial through use of strict referral and triage criteria, comprehensive clinical guidelines, extensive staff training and credentialing and co-location of speech pathology services within the specialist ENT outpatient clinic. Over the 12-month trial period no adverse events were reported. Impacts to patient waiting times and the ENT waiting list were also significant. In the pilot phase, only 4.3% of medium priority and 10% of low priority referrals were seen within clinically recommended time frames. This improved to 90% of patients being seen within recommended time frames in the final 3 months of the implementation phase.

Practice Change

This study demonstrated that the development and implementation of an extended scope speech pathology AHP service for patients with dysphagia and dysphonia reduced waiting times for medium and low risk patients referred to ENT. The clinical model is ongoing at Logan Hospital and was awarded a Queensland Health Ministers Award, 2016. Further long-term safety data and an evaluation of longitudinal outcomes is needed to confirm that the positive changes to the clinical waiting list is sustained.

Publication/s

Seabrook, M., Schwarz, M., Ward, E.C., & Whitfield, B. (2019). Implementation of an extended scope of practice speech-language pathology allied health practitioner service: an evaluation of service impacts and outcomes. International Journal of Speech-Language Pathology, 21(1), 65-74. DOI: 10.1080/17549507.2017.1380702

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://qheps.health.qld.gov.au/ data/assets/pdf file/0012/2325000/research-strategy.pdf

Allied Health Research Capability & Development Strategy 2017 - 2020 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

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