

An Update: Using TeleSpeech for Bedside Evaluation of Swallowing

The NECC 11th Annual Summit
October 20 & 21, 2016
Newport Marriott - Newport, RI

Presenter Disclosure Information

Nadia Dorval, M.A., CCC-SLP
Speech-Language Pathologist

FINANCIAL DISCLOSURE:
No relevant financial relationship exists



Using TeleSpeech for Bedside Evaluation of Swallowing



Nadia Dorval, M.A., CCC-SLP, Speech-Language Pathologist
Baystate Medical Center, Springfield, MA

Robert Hayden,
Baystate Health Director of
Neuroscience and Rehabilitation Services
Springfield, MA

Agenda

- ❖ What is TeleSpeech?
- ❖ Why TeleSpeech?
- ❖ Support Staff
- ❖ Components of Telespeech Bedside Evaluation Protocol
- ❖ TeleSpeech Process Flow
- ❖ Benefits and Challenges
- ❖ Update on Data Collection

Telespeech

- ❖ “The application of telecommunications technology to deliver professional services at a distance by linking clinician to client or clinician to clinician for assessment, intervention, and/or consultation.”
- ❖ —*American Speech-Language and Hearing Association (ASHA) Position Statement (2005)*

The Impetus for TeleSpeech

- ❖ Coverage at a rural affiliate hospital was limited
- ❖ Speech-language Pathologist (SLP) out on FMLA and ability to maintain Primary Stroke Services was at risk of being compromised without full-time speech coverage.
- ❖ Per-diem SLP covering FMLA had a 1 hour commute each way
- ❖ A weekday request for an urgent SLP evaluation was the impetus that prompted the idea.

Support Staff

- ❖ Licensed Speech-Language Pathologists (SLP)
- ❖ TelePresenters
 - A clinician on the patient end who educates the patient on the technology being used and the purpose of the evaluation.
 - The telePresenters are the “hands of the SLP”.
 - Can provide interpretation of patients response during the evaluation when necessary (2nd pair of ears and eyes).

Components of TeleSpeech Bedside Evaluation Protocol

- ❖ Cognitive Screening
- ❖ Oral- Motor Evaluation
- ❖ Laryngeal Examination
- ❖ Trials of Solids and Liquids
- ❖ Recommendations

Trials of Solids and Liquids

- ❖ Administration by telePresenter with SLP giving verbal directions: honey thick liquids, purees, pudding, nectar thick liquids, soft solids, hard solids, and thin liquids.
- ❖ During administration of each consistency telePresenter is feeling for laryngeal elevation and strength on the first trial and commenting to SLP on the far end reduced vs normal laryngeal elevation, weak vs strong swallow.

Trials of Solids and Liquids

- ❖ On the second trial of the consistency the SLP zooms into the laryngeal area and assesses the patient's vocal quality after the bite or sip.
- ❖ Once all consistencies have been trialed or once patient shows an intolerance to a specific consistency the evaluation is complete.

Recommendations

- ❖ The diet recommendation, swallowing strategies, and or exercises are reviewed with the telePresenter, patient, and any family members/care givers present at bedside.
- ❖ Patient is followed up with by the inpatient SLP for swallowing therapy and monitoring of recommended diet tolerance.

Process Flow of Telespeech

- ❖ Order is placed by MD
- ❖ TelePresenter contacts SLP
- ❖ SLP and telePresenter establish a time
- ❖ TelePresenter orders a bedside swallowing evaluation tray
- ❖ TelePresenter sets up equipment
- ❖ TelesPresenter explains procedure to patient and makes them comfortable

Process Flow of Telespeech Continued

- ❖ SLP logs into a virtual private network and establishes a network connection
- ❖ Evaluation is completed
- ❖ Recommendations are made
- ❖ Patient satisfaction survey completed
- ❖ SLP completes documentation

Benefits and Challenges to Telespeech

- ❖ Benefits
 - Patient has the opportunity to obtain a safe diet recommendation in a timely manner.
 - Decreases the amount of transfers out to a hospital with a SLP on site. Cost of transferring a patient
 - Keeps patients in the community hospital near their home
- ❖ Challenges
 - Using telePresenter (nursing) resources and taking them away from the floor.
 - Demonstrating the need to purchase the equipment.

Update on Data Collection

- ❖ In person SLP was on call limited hours
M, W, F 8am-12pm
- ❖ Average response time to complete an in person bedside evaluation was 2 hours and 58 minutes.
- ❖ Telespeech on call was T, Th, Sat, Sun 8am-7pm. The SLP provided this coverage outside of working a full time outpatient position.
- ❖ Average wait time to complete a Telespeech was 2 hours and 33 minutes.

Update on Data Collection

- ❖ Of the 42 patients seen via Telespeech there was a down grade of only 8 patients the next day by either nursing or an SLP.
- ❖ 81% of the patients remained on the diet recommended via Telespeech with no s/s of aspiration.

Update on Data Collection

- ❖ Of the 42 patients seen, 23 of them were followed up with an inpatient therapist the day after the Telespeech was completed
- ❖ 83% either remained on the diet recommended via Telespeech or were upgraded.

Summary of Data Collection

- ❖ 81% patients seen via Telespeech demonstrated no s/s of aspiration with recommended diet.
- ❖ The Telespeech and in person diet recommendations reliability was 83%.
- ❖ Quicker patient care response time was found with use of Telespeech compared to in person SLP with limited hours.
- ❖ 91% Very Good to Excellent patient satisfaction rating.

Thank You


