



# MAKING HOSPITAL IN THE HOME EASIER TO SWALLOW

Presented by Vanessa Schriever  
Speech Pathologist  
Coffs Harbour Base Hospital

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# OVERVIEW OF PRESENTATION

- ▶ Project background
- ▶ Aim of project
- ▶ Speech Pathologist (SP) role in Hospital in The Home (HITH)
- ▶ Method of Implementation
- ▶ Results
- ▶ Current progress of this service
- ▶ Current challenges that face Speech Pathology In HITH
- ▶ Questions/discussion

# PROJECT BACKGROUND

- ▶ Literature suggests that there is a high prevalence of swallowing difficulties ( ~ 70%) in residents from aged care facilities. This is associated with lengthy and complex hospital admissions (Langmore 2002).
- ▶ Dysphagia (swallowing difficulty) is shown to be a contributing risk factor to the development of pneumonia and other respiratory tract infections, present with the residents in RACFs with complex needs (Langmore 2002)
- ▶ In 2015 extremely limited access to Speech Pathology services for Residential Aged Care Facility (RACF) residents in the Coffs Harbour region. This resulted in an increased number of hospital admissions for a swallowing related diagnosis i.e. aspiration pneumonia (data to follow)

# AIM OF THE PROJECT

To reduce the number of RACF residents admitted to hospital with a swallow related diagnosis (i.e. aspiration pneumonia) by 65% over seven months

Overall Aim of Speech Pathology In Hospital In The Home

- ▶ To prevent/avoid hospital admissions
- ▶ To facilitate early discharge from hospitals
- ▶ Primary Focus: Residential Aged Care Facilities in Coffs Harbour

# SPEECH PATHOLOGIST ROLE IN HITH

- ▶ Identify and manage high risk residents with swallow impairment
- ▶ To provide education to staff at RACFs
- ▶ To work closely with the HITH respiratory nurse on a daily basis to provide timely and early detection and management of dysphagia and respiratory complications
- ▶ To improve transition between acute care services and RACFs i.e facilitating early discharge from Coffs Harbour Base Hospital (CHBH) and providing ongoing speech pathology care at RACF
- ▶ To improve overall patient outcomes

# METHOD OF IMPLEMENTATION

- ▶ Speech Pathology specific guidelines were developed including a referral risk assessment tool for timely identification and management of high risk RACF residents.
- ▶ All RACFs in the Coffs Harbour region were provided with this tool to aid in referral process and education was provided regarding the new service.
- ▶ Additional education sessions were developed and provided to RACF staff to ensure capacity building of their staff to identify and manage residents with swallowing difficulties.
- ▶ Quantitative and qualitative data was collected including RACF staff satisfaction surveys and patient stories.
- ▶ A dedicated daily swallowing service was provided. RN monitored vital signs on a daily basis as per HITH guidelines.

# RESULTS

(CAPTURED VIA SP DATA, CLINICAL CODING DATA , NWAU, FACILITY AND PATIENT FEEDBACK)

- ▶ Better Patient outcomes:
  - ▶ 79% statistically significant decrease in acute admissions from 3.6-0.9 per month for residents admitted for a swallow related diagnosis i.e aspiration pneumonia (Figure 1)
  - ▶ 54% reduction in number of RACF residents admitted to CHBH with identified dysphagia, as a comorbidity of their admission (Figure 2)

Figure 1

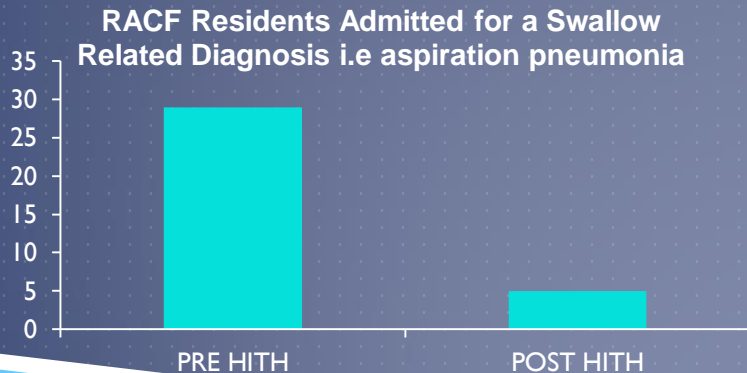
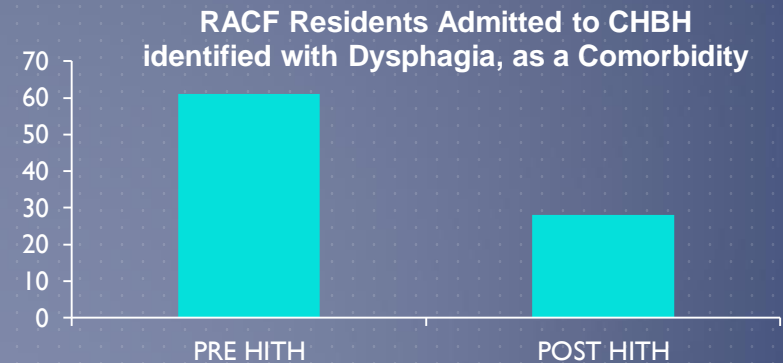


Figure 2



# RESULTS CONTINUE

- ▶ Better Patient outcomes (continue):
  - ▶ Facilitating early discharges
  - ▶ 25%-37% reduction in average length of stay (by 2.5-4.3 bed days)
  - ▶ Stakeholder satisfaction. i.e. through patient stories which demonstrated a positive overall experience with HITH SP



# RESULTS CONTINUE

- ▶ Reduction in readmissions of residents known to Speech Pathology
  - ▶ PRE HITH: 10% of residents known to SP (from our previous service to RACFs) were readmitted to CHBH with a swallow related diagnosis, requiring further SP input
  - ▶ POST HITH: Nil re-admissions

# RESULTS CONTINUE

- ▶ Sustainability and Scalability
  - ▶ Executive commitment to ensure recurrent funding for HITH SP
  - ▶ Building capacity of RACFS to care for residents through education sessions related to dysphagia and the high risk factors for aspiration pneumonia
  - ▶ Liaison and networking with project partners to promote the continuation of relationships
  - ▶ NSW quarterly HITH report (1.07.16-30.09.16) outlines the CHBH HITH program was the only program in the MNCLHD to have a significant increase in number of separations (38%). Unique position given HITH referrals can be directly initiated from RACF (*27 in report*)

# RESULTS CONTINUE

- ▶ Improved Productivity and Efficiency
  - ▶ Cost saving of approximately \$114,000- \$255,419 (reflected by SP data and clinical coding data, based on National Weighted Activity Unit data)
  - ▶ Total saving of 83 bed days anecdotally through facilitation of early discharge, whilst ensuring optimal transition of care

# RESULTS CONTINUE

- ▶ Better Teamwork and Partnerships

- ▶ Positive partnerships with RACF, shown by high satisfaction with HITH SP service. Figure 3 below



# RESULTS CONTINUE

- ▶ Better Teamwork and Partnerships
  - ▶ Engagement with GP clinics to promote HITH service and provide timely discharge summaries
  - ▶ Partnering with patients including patient stories

# CURRENT PROGRESS OF THIS SERVICE

- ▶ Received recurrent funding for HITH SP and HITH RN (though awaiting recruitment for RN)
- ▶ Currently focusing on continuing to facilitate early discharges from ED, EMU and medical units especially for RACF residents, to alleviate pressure off the CHBH.
- ▶ Ongoing positive partnerships between the HITH team, inpatient units at CHBH, RACFs and GPs.

# CURRENT CHALLENGES THAT FACE SPEECH PATHOLOGY IN HITH

- ▶ Nil specific guidelines for Speech Pathology in HITH
- ▶ The current HITH guidelines briefly mention allied health in HITH, however nil specific reference to each role.
- ▶ Difficult to expand service, despite the need in a rural area. This is due to the strict HITH guidelines, although keen to explore Sub Acute care as a growth opportunity.
- ▶ Currently there is nil dedicated HITH RACF RN for over a year, therefore putting increased work demands on other RNs to review SP residents in RACFs.
- ▶ CHBH has repeatedly employed locum doctors to fill HITH MO position, making it increasingly difficult to form strong partnerships with the HITH team and local GPs.

QUESTIONS ?????



# REFERENCES

- ▶ Langmore, S., Skarupski, K., Park, P., Fries, 2002, 'Predictors of aspiration pneumonia in nursing home residents', *Dysphagia*, 17(4), 298-307.

