

# One-stop Speech Therapy-Dietetics Clinic

## A patient-centered approach to improve access to Speech Therapy and Dietitian services after surgery

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## Background and Problem

Patients after head and neck (HNN) surgery often present with dysphagia. Adequate nutrition is necessary for post-surgery wound healing and recovery. Access to Speech Therapy (ST) and Dietetic (DIT) services is imperative in this time.

The SGH Speech Therapy Clinic is located at National Heart Centre Level 7, while the SGH Dietetics Clinic is located at SGH Block 3 Level 1 (Figure 1).

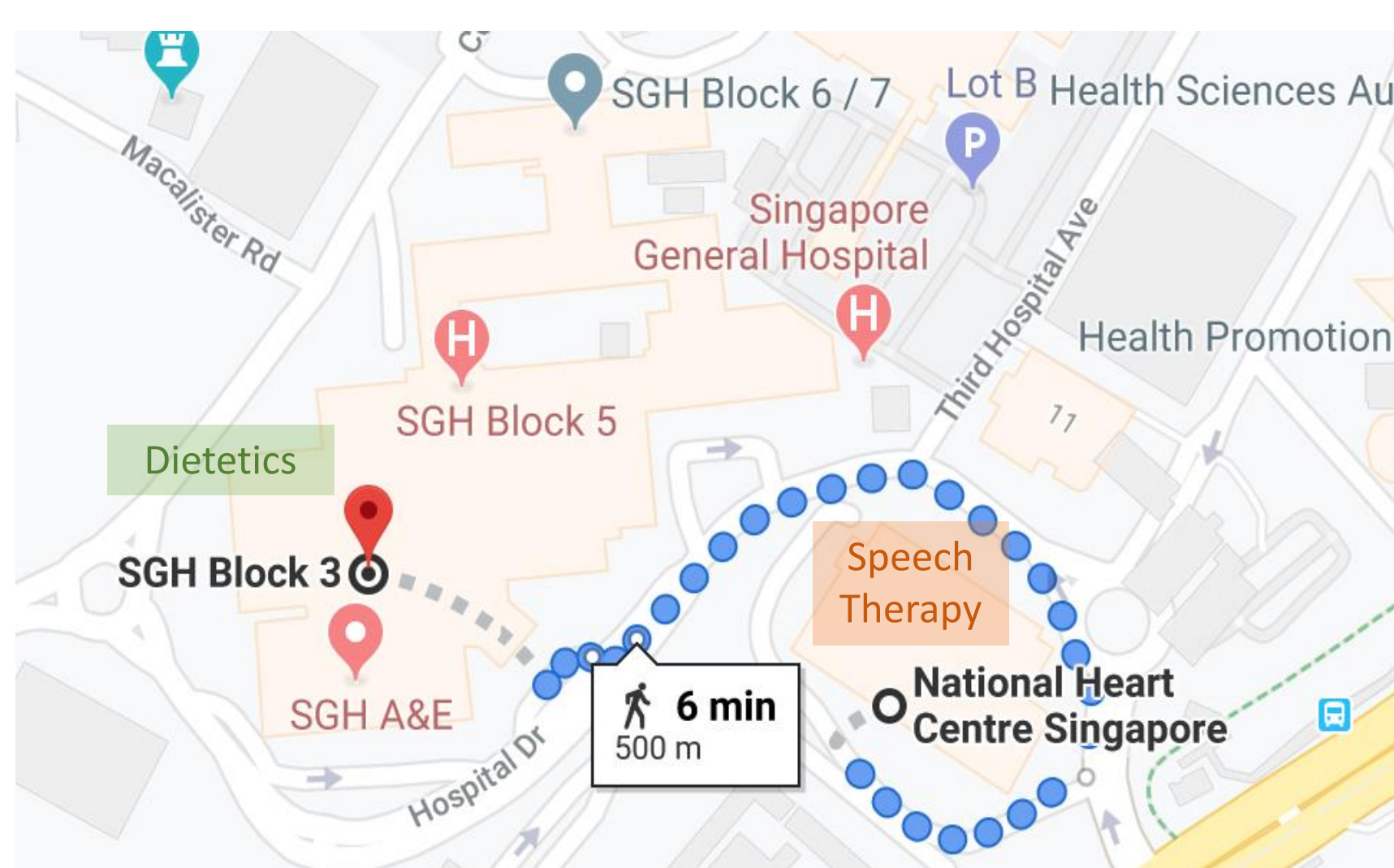


Figure 1 Six minutes walk between clinics

In 2017, overall attendance rate for first post-discharge visits to ST and DIT was 78.3%, with 10.8% no-show and 10.8% cancellation rates. Attendance was poorer when both appointments were booked on different days (58.3%) than on the same day (83.3%).

HNN surgery patients were not adequately accessing ST-DIT services post-discharge.

## Methodology

Root cause analysis was done through an iterative interrogative approach (5 Whys, Figure 2). The root cause of the problem was found to be how ST and DIT services were not conveniently located in the same clinic space.

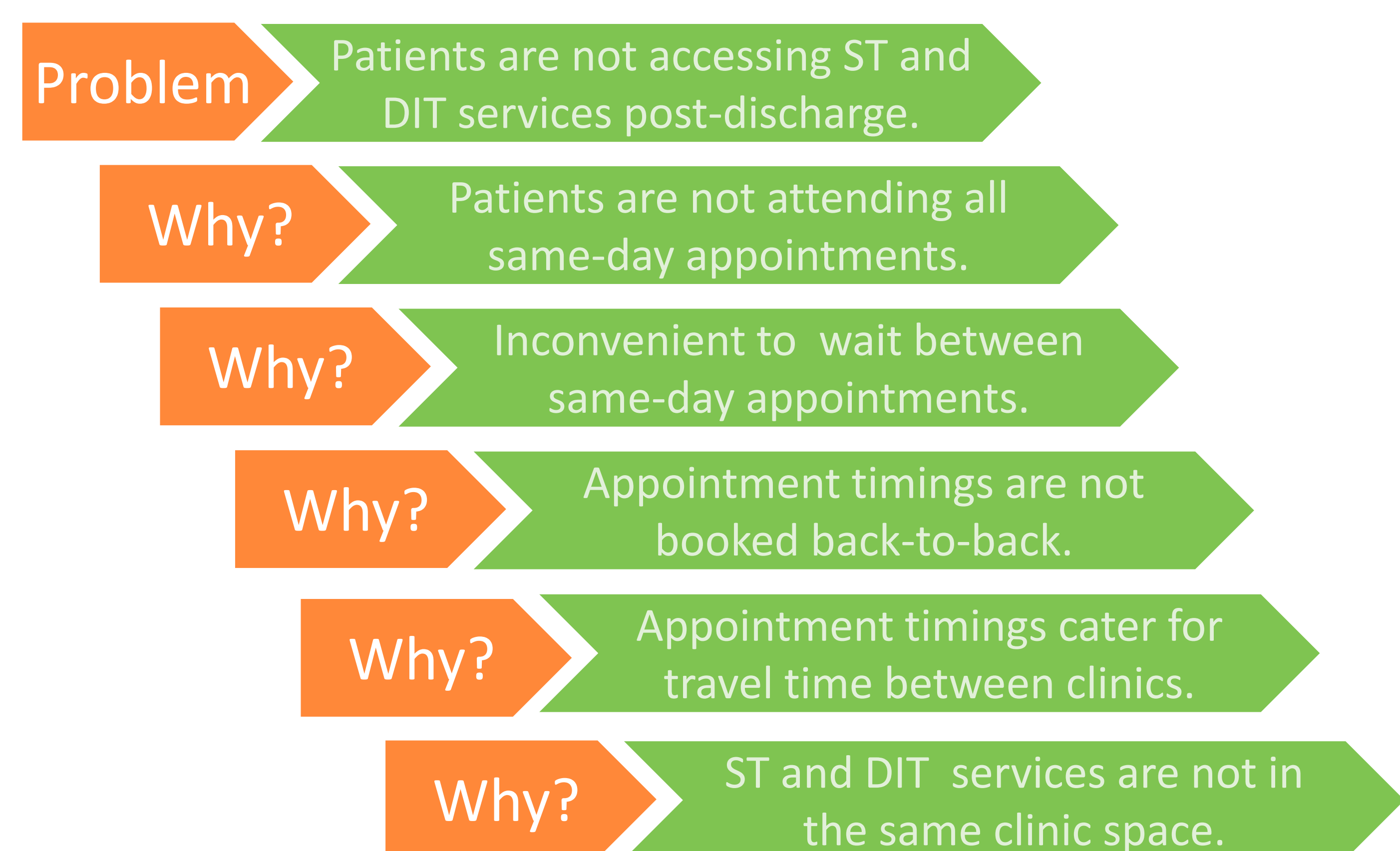


Figure 2 Root cause analysis using 5 Whys approach

## Aims

In 6 months, we aimed to

- 1 Increase attendance at first post-discharge ST and DIT visits to  $\geq 80\%$
- 2 Reduce no-show rates to 0%
- 3 Shorten waiting time between same-day appointments

## Intervention

The HNN Allied Health Professionals (AHP) clinic (Figure 3) started in 2016. It provides a one-stop service for patients to be seen by various AHPs for pre-operation assessment and counselling.

ST and DIT clinic slots were created for post-op patients at this AHP clinic. Patients on transitional feeding were booked into this clinic upon discharge, and can access both ST and DIT services within the same clinic on the same day.

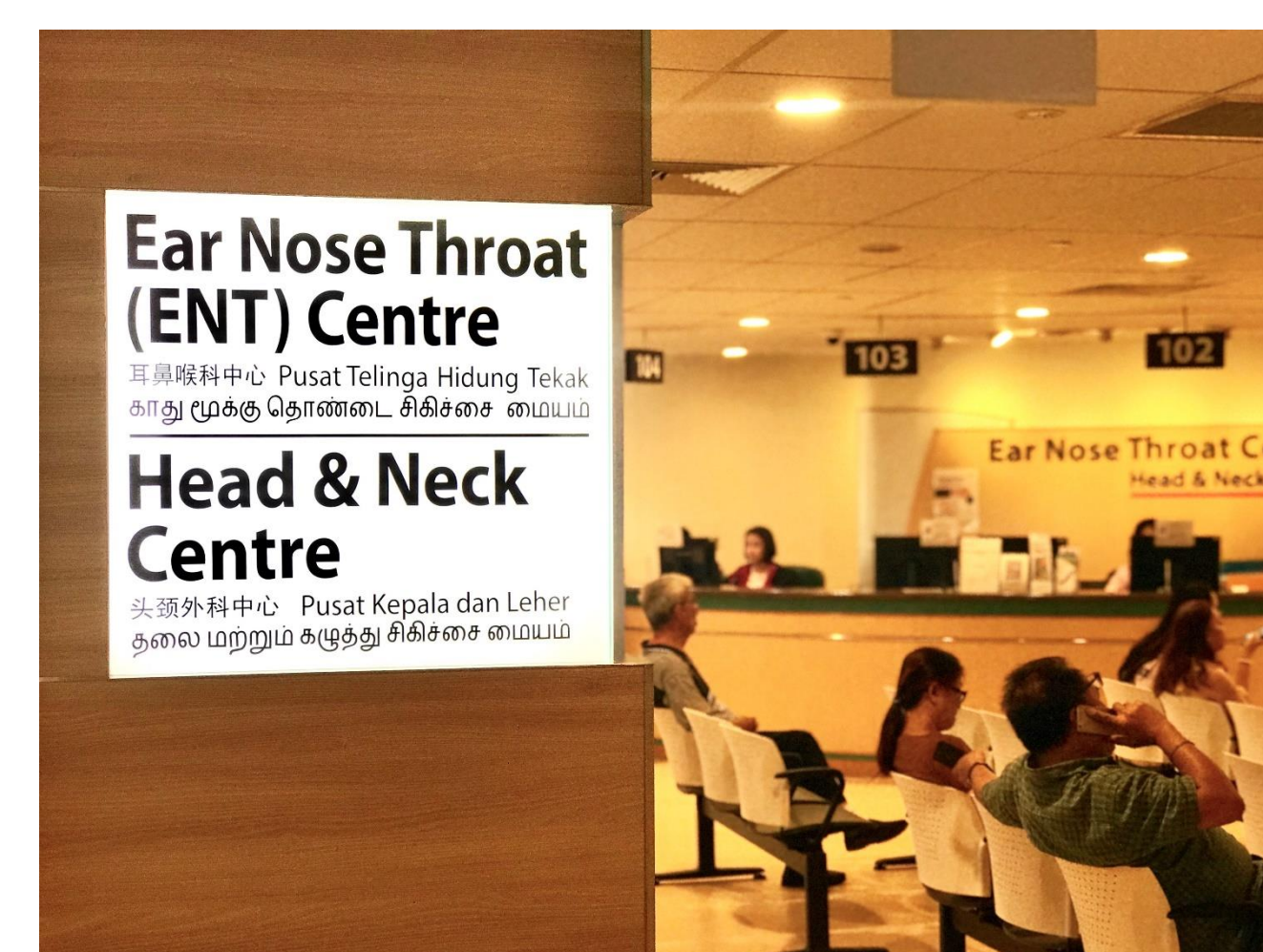


Figure 3 Allied Health Professions Clinic at Head & Neck Centre

## Results

Six months post-intervention, 13 (42%) post-op patients were booked into HNN AHP clinic.

- 1 General attendance at all first post-discharge visits improved to 84% (Figure 4).
- 2 Attendance was 100%, with no cancellation/defaulted appointment.
- 3 For patients with same-day appointments, waiting time between seeing ST and DIT reduced significantly from a median of 105 minutes (n=48, range: 15–405) to 90 minutes (n=13, range: 30–150, p=0.025, Figure 5).

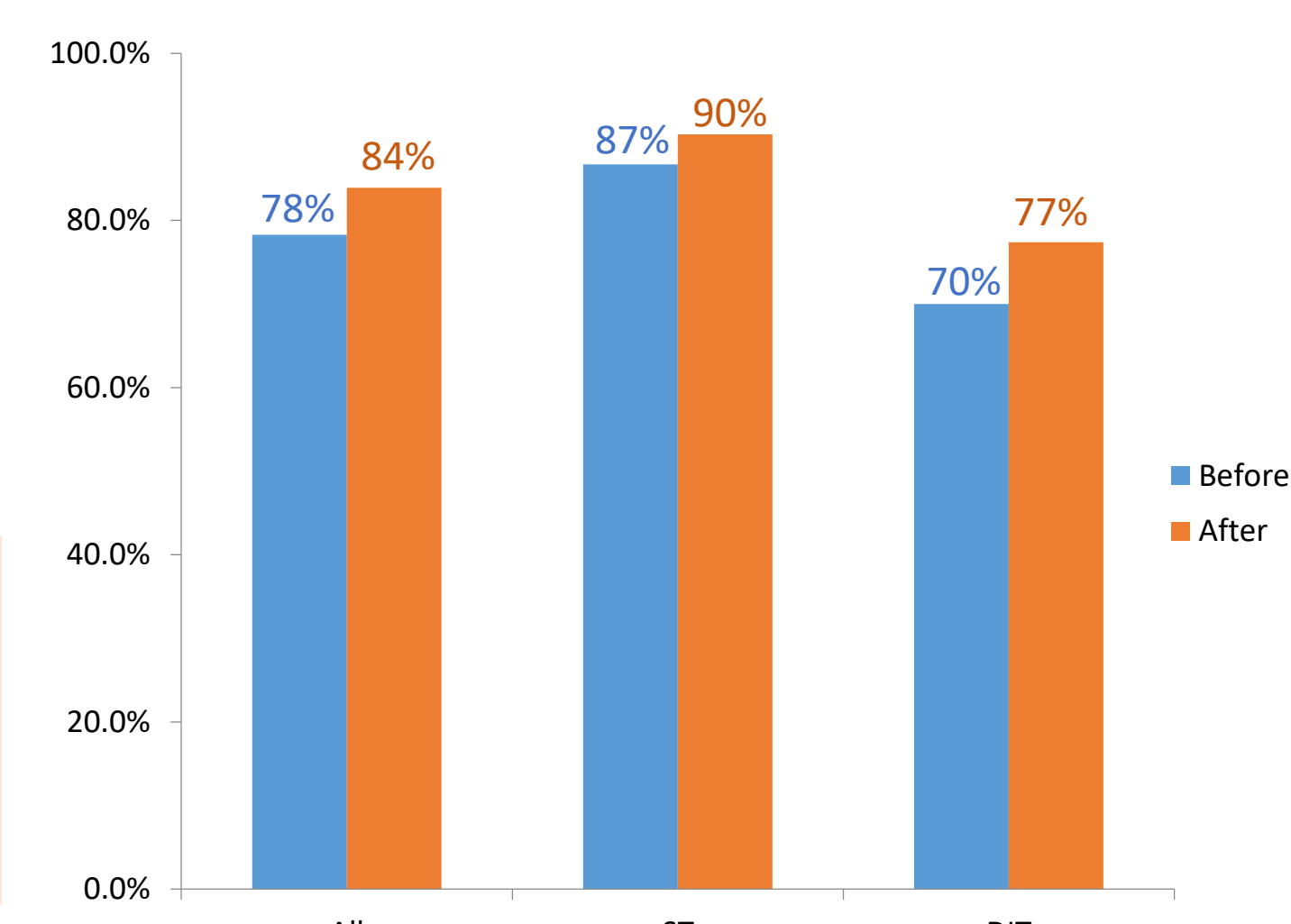


Figure 4 Improvement in attendance at first post-discharge visit

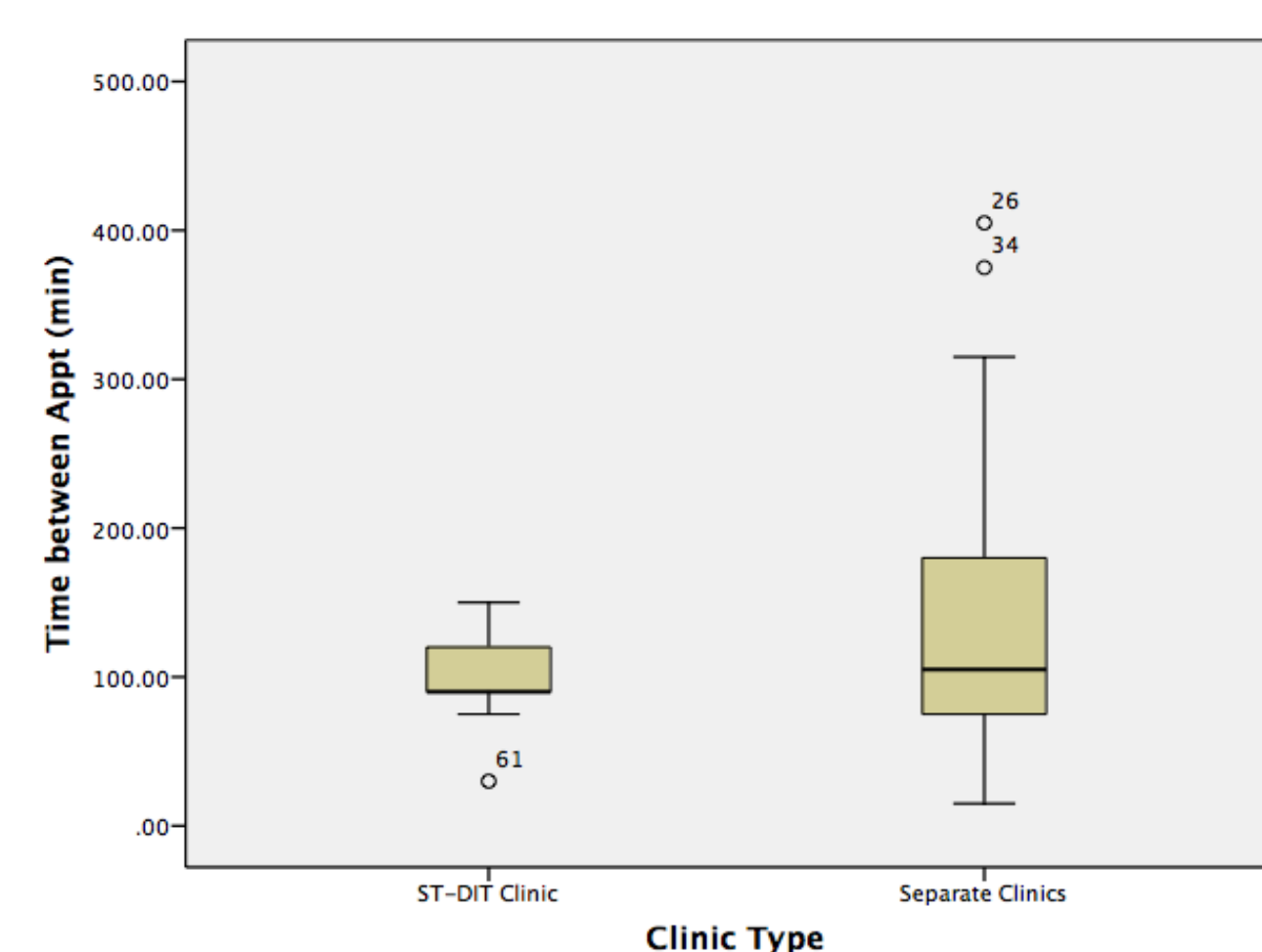


Figure 5 Waiting time between ST and DIT appointments

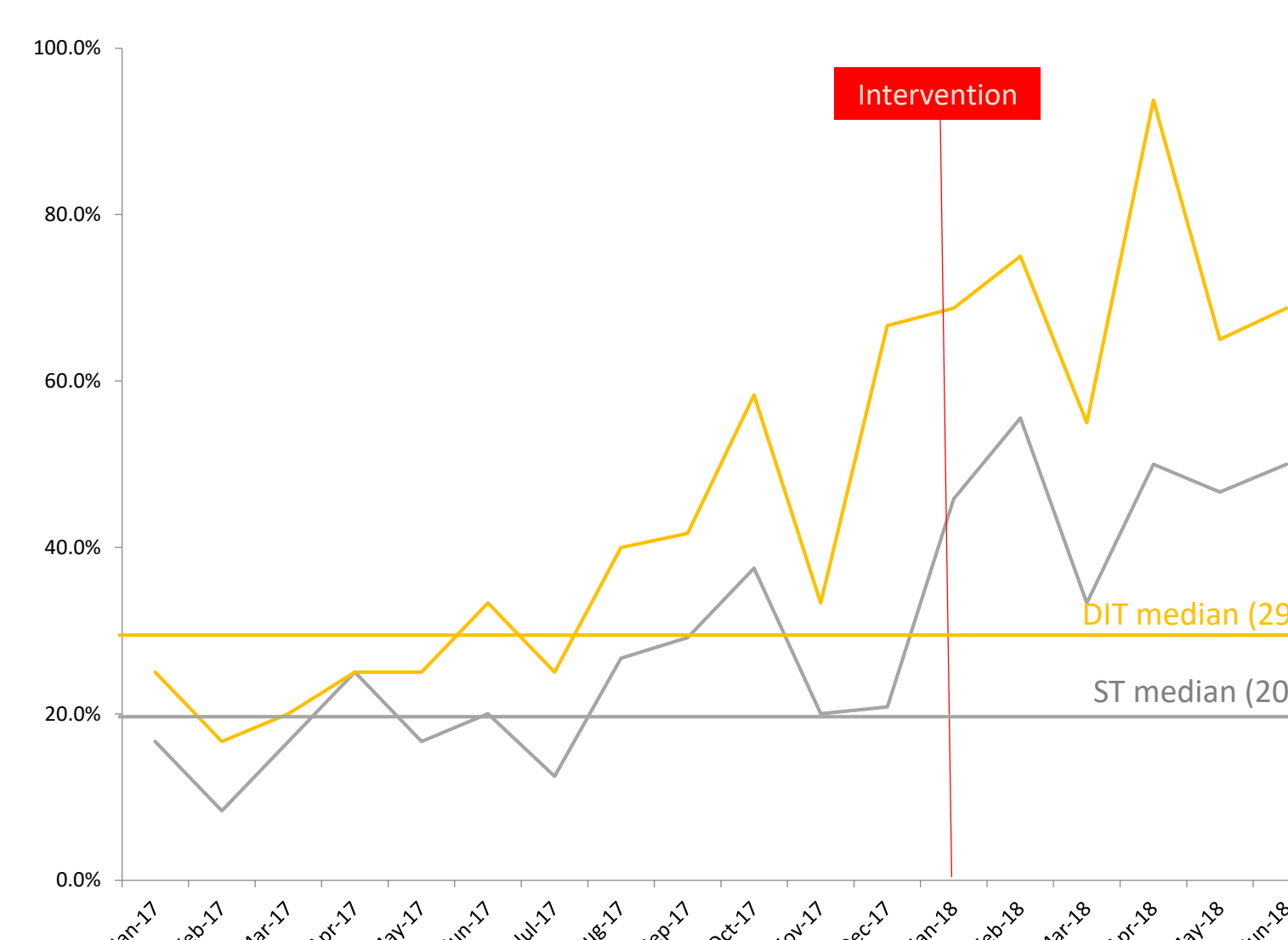


Figure 6 Clinic utilization rate at HNN AHP clinic

Additionally, we also found that the addition of post-op services improved utilization of AHP clinic slots (Figure 6).

## Conclusion

A collaborative patient-centered approach to service design allows patients to better access the care that they need. The one-stop clinic is a viable service for post-op patients after HNN cancer surgery.

We plan to explore and replicate this service model to other groups of patients who can benefit from same-day ST and DIT services.