



Singapore Healthcare
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Swallow More: Increasing the Frequency of Swallow Rehabilitation for Patients with Dysphagia



Singapore
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Introduction

Swallow assessments by Speech Therapists (ST) allow patients with dysphagia (swallowing difficulties) to eat safely, reducing aspiration risks and pneumonia. After assessment, swallow rehabilitation is prescribed to improve a patient's swallowing function, sometimes assisted by our Therapy Assistants (TA).

However, in a fast paced acute hospital setting, the assessment of patients' dysphagia is often prioritized over providing swallow rehabilitation. While ongoing assessment is important to prescribe safe diet textures and fluid consistencies, frequent rehabilitation of swallowing can also promote a more timely recovery for our patients. This can reduce dependency on modified diets and fluids, or even enteral feeding, eventually reducing costs to patients.

Problem

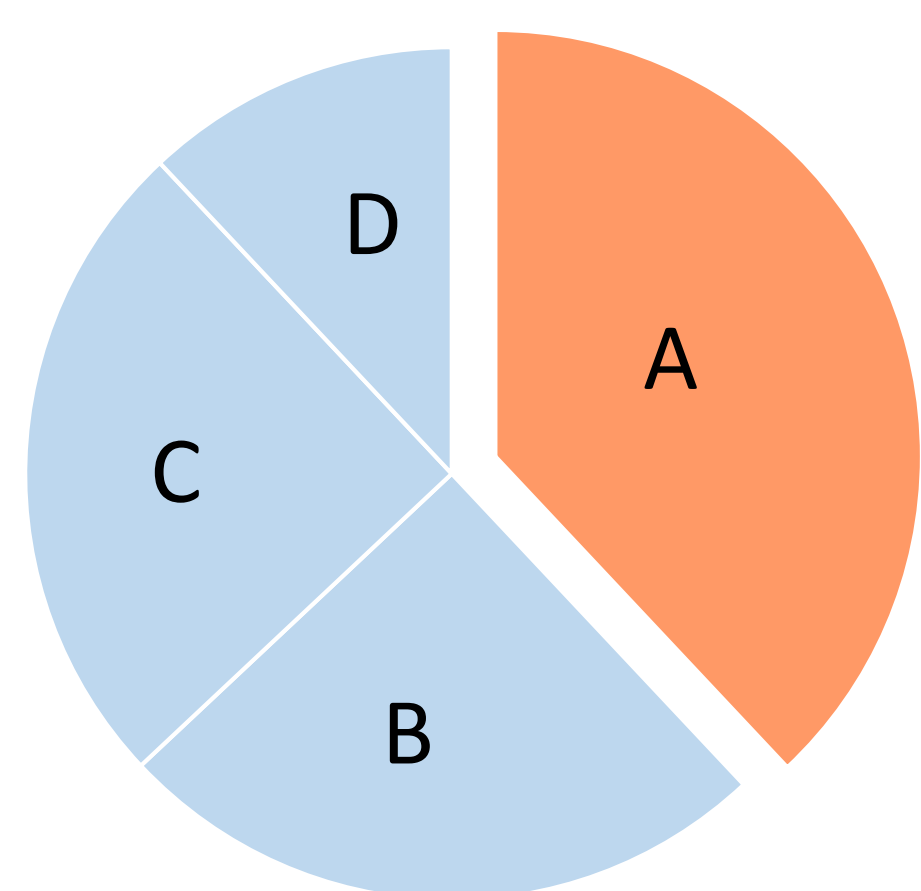
Over a period of 3 months, only 27% of our swallow rehabilitation needs were met. We aimed to increase the met demand for swallowing rehabilitation (rehab) received by dysphagic inpatients managed by the Surgical-Oncology Speech Therapy (ST) team, to 40% over 6 months.

Methodology

- 1 A Ishikawa structure analysis by our team identified the following possible reasons for low met demand in 4 main categories:

Manpower	Policies	Processes	Patients
<ul style="list-style-type: none">Inefficient use of Therapy Assistant's (TA) timeInsufficient number of STs and ward time	<ul style="list-style-type: none">New referrals were prioritized over rehabilitation cases	<ul style="list-style-type: none">Patients were transferred to different wards, or were with other healthcare professionals or discharged quickly	<ul style="list-style-type: none">Declined rehabNot medically stable

- 2 Using the Pareto chart, our team identified the main causes contributing to low frequency of swallow rehabilitation in our workload



A: Inefficient use of TA time, 38%
B: Patient is not available, 25%
C: Priority given to new cases, 25%
D: Patient declines rehabilitation, 12%

Interventions / Initiatives

Two Plan-Do-Study-Act (PDSA) cycles were conducted. In Cycle #1, a Rehab List (RL) using Microsoft Excel program was developed and shared on the intranet for easy access by team members. In Cycle #2, training for ST and TAs commenced to ensure standardisation and accurate use of the Rehab List.

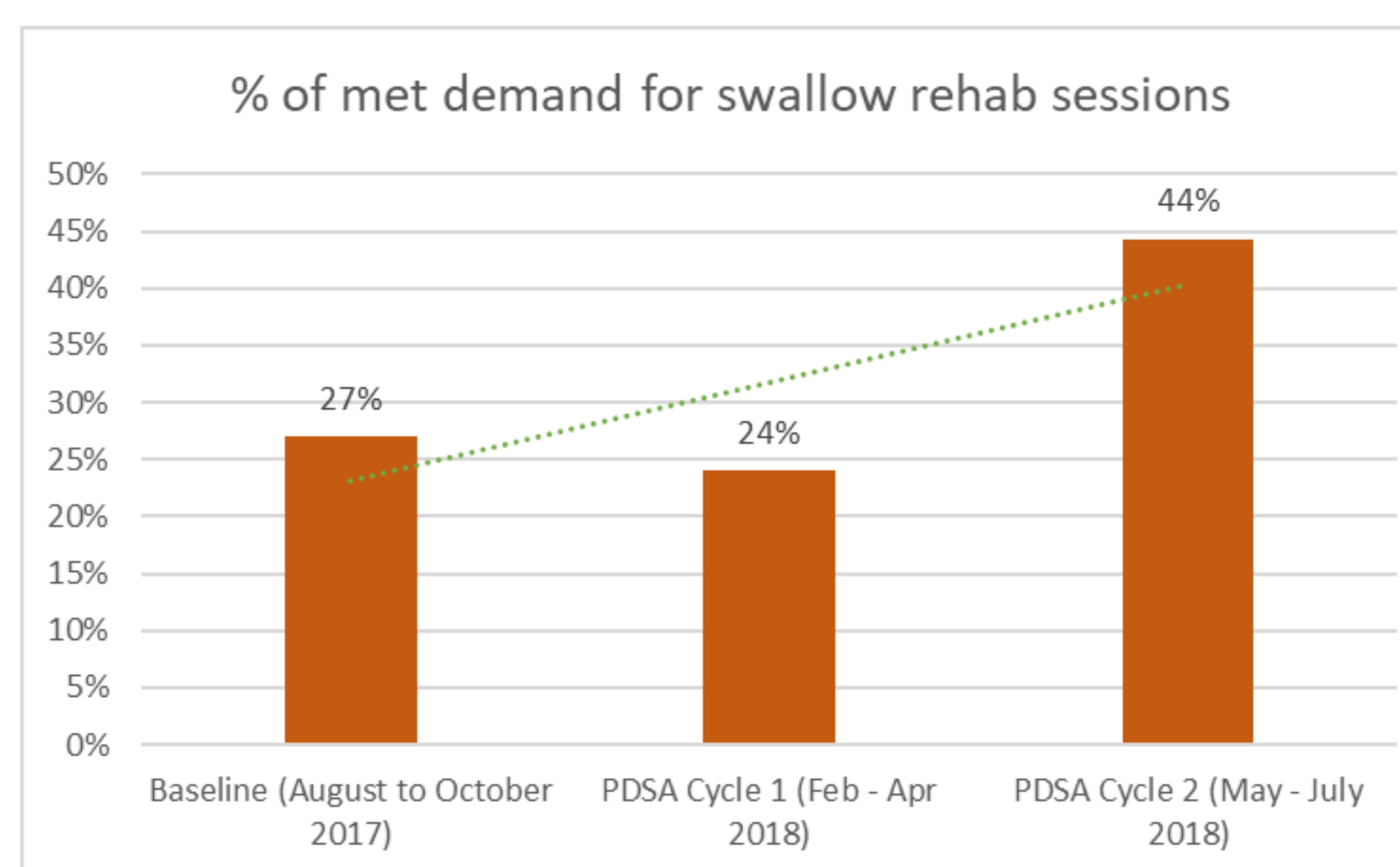


The Rehab List:

- Patient's details and swallow rehabilitation prescribed would be recorded on the RL by ST I/C
- TAs would check the RL and confirm with ST I/C if the patient was medically stable to proceed with rehabilitation exercises
- Upon confirmation, TA proceeds with swallow rehabilitation with the patient
- TAs would text ST upon completion of rehabilitation
- ST I/C to document swallow rehabilitation details

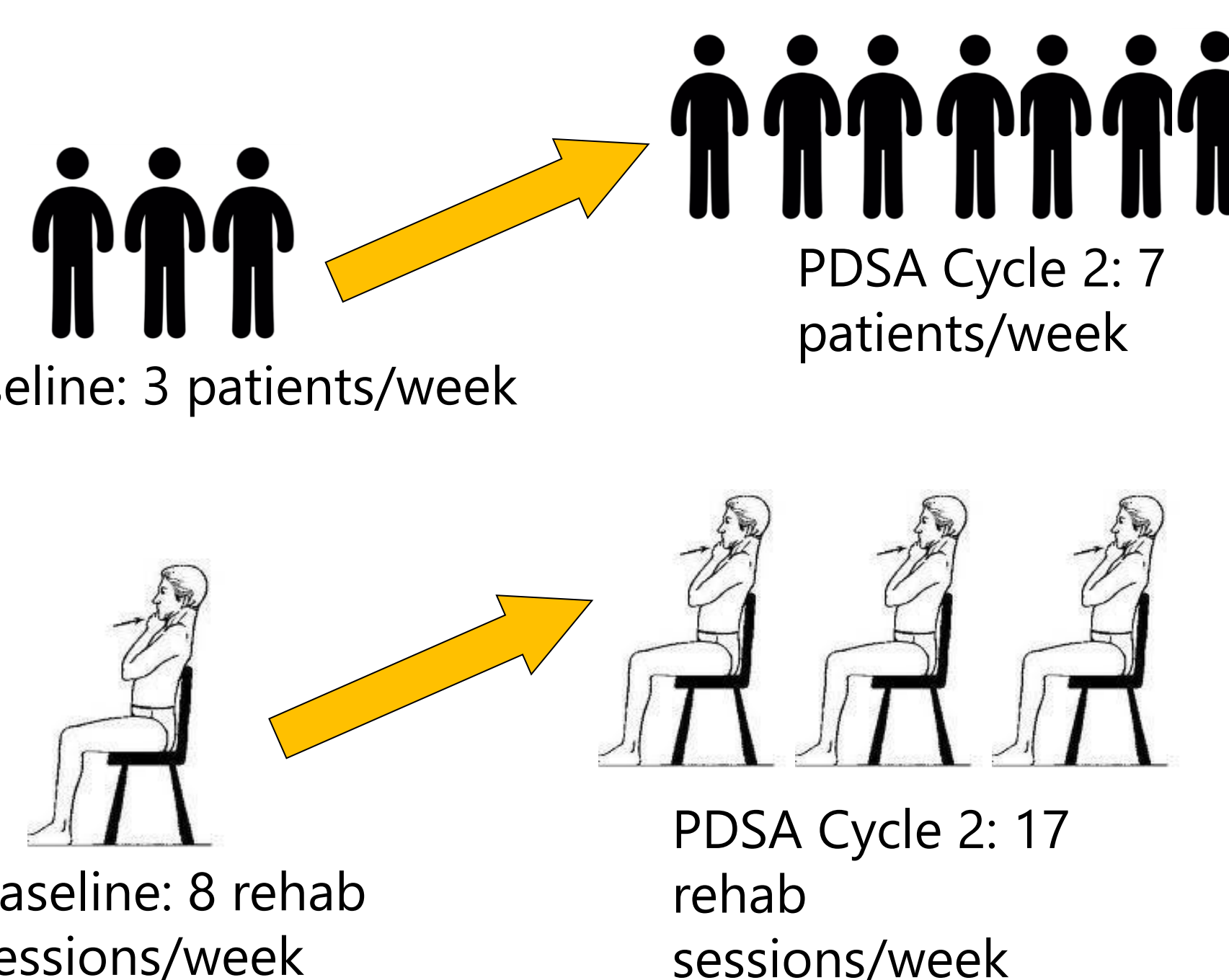
Index	Date	Location	Name	NRIC	ST I/C	TA (s)	Rehab exercises	Frequency	Remarks	Updates	Discharge date	Date	Checked by (ST):	Seen by (TA):	Remarks	Date	Checked by (ST):	Seen by (TA):	Remarks
1	19/02/2018	76 1611	Tan AK	S87398930	BB	JE	TTS: Masako SHEE sustained: SHEE up/down Modified shakers sustained: Mendocutoms: OME: Neck stretches:	3x/week 2x/week 3x/week	DC: WNL, TTY: Not to be seen cos status change, Difficult						Did not do TTS, only did masako 5 reps cos tired				Did not do TTS, only did masako 5 reps cos tired
3																			

Results



1

A significant increase in the frequency for swallow rehabilitation sessions provided was noted during February to July 2018, from **27% to 44% (p<0.01)**. Thus, this improvement is unlikely due to chance.



2

In addition, there was a huge increase in the number of patients identified for rehabilitation, and number of swallow rehabilitation sessions required per week. This suggested a mindset shift for STs, to continuously consider swallow rehabilitation options

Limitations

- Unpredictable work load resulted in reduced number of patients identified for rehabilitation at times
- Prioritization of new referrals for swallow assessments over swallow rehabilitation cases is compulsory

Conclusion

- Inpatient patients with dysphagia can be suitable for early swallow rehabilitation
- With more frequent rehabilitation sessions, our patients' swallowing function can improve faster, increasing their chances to return to their premorbid diet, resulting in improved quality of life
- TA's time is also used more efficiently as they are given the autonomy to utilize the RL, increasing their productivity. TAs also reported increased feelings of empowerment and productivity
- There has been a shift in mindset among the Surgical Oncology ST team, to actively look out for patients who are suitable for rehabilitation
- With efficient reallocation of manpower, we can provide both swallow assessments and more rehabilitation sessions for our patients.