



Ms Susan Fitch
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20th June, 2008

Dear Susan,

Re: Department of Human Services Victoria Project - Supporting People with Complex Health Needs

Thankyou for inviting Speech Pathology Australia (The Association) to provide input into the Department of Human Services funded project, "Developing support models for people with a disability who have complex health care needs". You indicated at the time of request that, whilst undertaking this project, a number of issues had arisen in relation to clients with dysphagia. These were identified as:

1. A significant number of residents have swallowing difficulties with aspiration pneumonia indicated as a risk;
2. Primary health care providers have difficulty recruiting and retaining speech pathologists, with the problem being more pronounced in rural and regional areas;
3. There is a shortage of speech pathologists who have an interest/expertise in working with this group of people.

Speech Pathology Australia welcomes the opportunity to comment on speech pathology services for residents who have dysphagia and are residing in Department of Human Services managed residential facilities. Unfortunately given the time constraints around this work, it has not been possible to consult widely with speech pathologists who work in the disability sector. However, the Association is hopeful that the suggestions and recommendations within this report may inform further discussion concerning projects that would go some way to resolving the issues identified above.

Speech Pathology Australia would be happy to expand on the issues and concerns raised. Enquiries can be directed to Marie Atherton, Senior Advisor Professional Issues at Matherton@speechpathologyaustralia.org.au or the telephone details provided above.

With kind regards,

Yours sincerely,

A handwritten signature in black ink, appearing to read 'G Mulcair'.

Gail Mulcair
Chief Executive officer



“SUPPORTING PEOPLE WITH COMPLEX HEALTH NEEDS”

1. Courses/accreditation/mentoring programs available through Speech Pathology Australia to speech pathologists who have an interest in this area.

There is a range of continuing professional development resources held within the Speech Pathology Australia National Continuing Professional Development lending library (2008). The following resources focus on dysphagia management:

- Rehabilitation Options in Managing Dysphagia in Adults (Maggie-Lee Huckabee, 2004)
- The brains behind swallowing: Issues in neural organisation, recovery and rehabilitation 2004
- Dysphagia Rehabilitation: From patient selection to programme development (Speech Pathology Departments, Royal Brisbane and Women’s Hospital and Princess Alexandra Hospital, Queensland, 2005).
- Neuropathology as a Foundation for Dysphagia Management (Maggie-Lee Huckabee, 2007)

The Victorian-based ‘Dysphagia Interest Group (DIG)’ provides professional education and support to speech pathologists working in the area of dysphagia. The Association provides members with the contact and content details for these bi-monthly meetings.

Three Speech Pathology Australia Position Papers inform speech pathology practice in the area of dysphagia:

- Dysphagia: General (2004);
- Dysphagia: Modified Barium Swallow (2005);
- Fiberoptic Endoscopic Evaluation of Swallowing (FEES): An advanced Practice for Speech Pathologists (2007).

In 2007, Speech Pathology Australia and the Dietitians Association of Australia developed standardised terminology for texture modified food and fluids. The aim of these scales was to provide a common language and interpretation of foods and fluids that have been modified to meet the needs of individuals with dysphagia.

Dietitians Association of Australia and The Speech Pathology Association of Australia Limited (2007). Texture-modified food and thickened fluids as used for individuals with dysphagia: Australian standardised labels and definitions. *Nutrition and Dietetics* 64 (Suppl.2): pp.553-576.
<http://www.speechpathologyaustralia.org.au/library/Modified%20Food%20and%20Fluids%20-%20Texture%20Mod%20Supplement.pdf>

The Victorian Branch of Speech Pathology Australia offers members a mentoring program in which less experienced speech pathologists can seek mentoring from a more experienced speech pathologist. The mentoring program is not specific to dysphagia but covers all areas of speech pathology clinical practice.

Some organisations have employed senior clinicians in speech pathology to conduct joint visits with less experienced clinicians so as to assist the development of skills and confidence in working with children and adults in the community who have dysphagia.

In the North and West Metropolitan Region (N&WMR) the Disability Client Services speech pathology team offers half day dysphagia training to N&WMR Disability Accommodation Services at no charge. This training is requested and co-ordinated through the Quality and Development Unit.



The Gastrostomy Information and Support Society (GISS) provide training to support workers and speech pathologists who are working with clients who have a gastrostomy feeding tube.

http://www.scopevic.org.au/therapy_advisory_giss.html

2. Strategies undertaken by the Association to address workforce shortages.

The issue of workforce shortages extends beyond the area of dysphagia management for people who have complex care needs. A number of initiatives and strategies have been implemented by a range of service providers to address this general problem. Key Association initiatives have included:

- Submissions to the Productivity Commission Workforce Study - 2006/07
- Formal Association support for PhD study through the University of Sydney addressing retention/attrition within the profession;
- Labour force surveys of Association members.

3. Possible suggestions/strategies for addressing the issues identified at a systemic and/or local and community level.

Additional training for disability support staff

- Dysphagia training and regular review training should be mandatory for staff employed in houses where residents have dysphagia. Staff training should address topics such as the health impacts of dysphagia, the role of the speech pathologist in assessing and managing dysphagia, the importance of complying with recommendations, identifying the signs of dysphagia, making timely referrals, following mealtime guidelines, preparing texture modified diets and utilising meal assistance techniques and equipment. Appropriate training from a speech pathologist is vital to address skill, knowledge and attitudinal barriers to appropriate health supports for people with dysphagia/complex health needs.
- Development of information and support packages that staff of residential houses can access if they require updated education.
- All clients should receive an assessment and regular review by a speech pathologist, with an accompanying meal time profile that can be easily accessed by all staff. Setting a review date for each of these meal time profiles will trigger staff to request another review. Information should be available in a range of formats including written, photos, and/or videos.
- It is acknowledged that lectures and presentations on their own will have limited success in leading to changed behaviour. It is recommended that training incorporate on-site practical experience so as to assist staff transfer skills into the work environment.
- Providing staff with accreditation for their training in dysphagia may also assist in increasing the standards of staff training and client care.

Funding and house management support for disability support staff training

- Management support is required to facilitate regular dysphagia training and implementation of speech pathology recommendations. Support is also required to reinforce disability support staff roles and responsibilities in relation to the management of residents with dysphagia.
- Dysphagia training should be prioritised as urgent or, at a minimum, urgency for training should be discussed with both the staff team and the speech pathology team.



Additional training for General Practitioners

- It is recommended that dysphagia training/continuing professional development be provided for GPs regarding identifying the signs of dysphagia and making timely referrals.
- However, continued professional development for GPs may not necessarily influence practices. It is recommended that GPs be consulted prior to implementation of training to identify the best way of meeting their education needs in this area.

Investigations to understand the sources of non-compliance with speech pathology recommendations:

- There have been anecdotal reports of some individual staff members not complying with recommendations made by a speech pathologist. Investigation into the reasons behind the attitudes and non-compliance of some staff would be helpful so as to identify strategies for change.

Review of disability support staffing levels

- For the adequate implementation of speech pathology meal time recommendations, staffing levels at mealtimes must be adequate. It is also important to ensure that appropriate/recommended assistance and supervision can be provided to residents. Anecdotally, individual direct care staff report being unable to comply with assistance/supervision recommendations due to inadequate staffing at mealtimes.

Development of centralised incident reporting

- Anecdotally, it would appear individual staff members may not be aware of the health risks associated with dysphagia, and/or may become desensitised to the signs of dysphagia over time. If this was to occur, a staff member may not complete an incident report when a 'near miss' and/or critical incident occurs. Further to this, it is of concern that individual direct care staff may not consider safety risks nor undertake appropriate incident reporting when their level of comfort/familiarity increases (e.g. not completing an incident report after providing 'back slaps' [i.e. first aid] to assist a resident to clear airway obstruction). Developing clear policies around incidence reporting, and ensuring management support the reporting process is important. In order to ensure people follow such a policy, it is essential that a "no blame" philosophy be adopted and staff receive the support they require.
- Incidence reporting is also important to inform regarding prevalence of dysphagia and related health issues.

Speech Pathology involvement in the development of screening tools

- Screening for dysphagia via use of the 'Nutrition and Swallowing Checklist' (NSW Department of Community Services) now occurs on an annual basis for residents in government managed residential services.
<http://www.flintwood.com.au/PDF/Nutrition%20Checklist.doc>

However, the 'Nutrition and Swallowing Checklist' has been modified from its original piloted form. Modifications have included a reduction in the number of questions asked (the rationale being to reduce overlap with other health screening tools), as well as the addition of a recommendation that where dysphagia risks are identified, staff members must consult their manager regarding how urgently a resident may require medical evaluation. This recommendation also states that the staff member should consult the resident's GP unless the issue is already being addressed but does not state by whom. The checklist and practice guidelines do not highlight the need to seek speech pathology intervention for management of dysphagia (or dietetics intervention to manage nutrition issues).



The modifications to the practice guidelines for the 'Nutrition and Swallowing Checklist' were developed without consultation with or advice from speech pathology. The Association is concerned that in cases where a GP assessment may not be deemed necessary/urgent, the timeliness of referral to a speech pathologist (or dietician) may be compromised. Referral to a speech pathologist may also be compromised if the GP who assesses the resident has limited experience/knowledge of dysphagia and/or of speech pathology services. It is recommended, therefore, that speech pathologists be involved in the development and implementation of policies and procedures surrounding the development and modification of dysphagia screening tools.

- There is a need for data collection from screening tools to increase understanding of the prevalence of dysphagia and related health issues, to plan services and to monitor effective change.
- Guidelines and regular screening of residents is necessary across Government and non-government sectors.

Improved quality and practice across the sector

- There is a need for dysphagia management policies to be developed and distributed (developed with input from speech pathologists and service-users).
- There is a need for sector-wide benchmarks of best practice in dysphagia management. Note: The *Disability Dysphagia Network* has identified this as an area of priority and is in the process of developing a project proposal around this.
- Speech pathologists need to ensure that information is provided to all stakeholders (i.e. the resident, their family and medical practitioner, staff, the day program, etc).
- In some areas in Melbourne, there has been a reduction in the availability of outpatient videofluoroscopy services for the assessment of swallowing disorders in people with a disability. As the use of videofluoroscopy is considered an essential tool and the 'gold standard' in the management of dysphagia, this situation needs to be addressed urgently.

Mentoring, training and support for speech pathologists

- It is recommended that a mentoring program be developed and implemented within the Disability sector that enables less experienced clinicians to work with experienced clinicians in this field. Opportunities for reflection following assessment and intervention with clients should also be provided. For this to be a viable option, funding for mentors is required. A resource centre such as the Community Resource Centre (SCOPE) may be able to provide this type of support if funding were available for this purpose.
- Access to clinical/professional supervision is vital. Therapists working in the disability sector provide services to clients who require specialist support. Few clinicians in the disability sector have access to clinical supervision through their workplaces (particularly in non-government organisations and rural areas).
- The development of a post-graduate qualification (e.g. a Graduate Certificate) in dysphagia would be a welcome initiative, particularly if content relevant to the disability field was included.
- In some cases there are limited opportunities and funding to attend specialist training and professional development activities.
- Informal networks are beginning to work well across the Disability sector (e.g. recent establishment of the *Disability Dysphagia Network* with members from Able Australia, Scope, Yooralla and DHS). However, these networks could be extended and strengthened.



Speech Pathology Workforce

- There are limited numbers of speech pathologists available across the state to provide services to residents via Disability Client Services. In some metropolitan and rural regions a vacated speech pathology position may not be filled by a speech pathologist. Where this occurs, direct care and intake teams require information regarding alternative speech pathology services in the community (if available) and referral pathways. In some cases the options for accessing speech pathologists with expertise in dysphagia are limited.
- In some DHS regions the speech pathology role may be viewed by managers as primarily an adjunct to a behavioural intervention service. The focus may be on reactive communication management with little awareness of the importance of the speech pathologist's role in dysphagia.
- Within the DHS it can be difficult to promote and advocate for improvements in and increased access to dysphagia services without representation at a high level within the department.
- Generally, within the Disability sector, there is limited scope for career advancement, few opportunities to gain senior positions and inequities in pay compared to the public sector. This provides limited incentive for speech pathologists to work in the speciality area of Disability.
- Currently there are no senior clinician or discipline advisory positions in the DHS. There is a need for senior clinicians and/or discipline advisors with expertise in dysphagia.

Speech Pathology Australia would welcome the opportunity to expand on these issues further.

Speech Pathology Australia 20th June, 2008

Contributing Speech Pathologists:

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