AIMS: To evaluate the new SP VFSS referring model at RBWH

A model was established, where SPs complete inpatient VFSS requests
• This impacts workflow and timely patient access to VFSS
• Speech pathologists (SPs) utilise videofluoroscopic swallow studies (VFSS) to inform dysphagia treatment, but cannot directly request VFSS
• Only doctors are authorised to complete VFSS medical imaging forms [1]

Methods

METHODS OF SP VFSS RefERRING MODEL

Internal request protocol authorised by Directors of Medical Imaging
New model endorsed by Executive Director of RBWH Medical Services
Consultation with Executive directors, treating consultants, SPs and radiologists
SPs (N=7) completed ARPANSA [2] training on radiation safety and completion of request forms adhering to RANZCR® standards

EVALUATION OF SERVICE OUTCOMES

Pre-and post-implementation, measures were collected on:
• Service outcomes: safety and efficiency
• Implementation barriers, facilitators and sustainability factors

Background and Aims

• Speech pathologists (SPs) utilise videofluoroscopic swallow studies (VFSS) to inform dysphagia treatment, but cannot directly request VFSS
• Only doctors are authorised to complete VFSS medical imaging forms [1]
• This impacts workflow and timely patient access to VFSS
• A model was established, where SPs complete inpatient VFSS requests

EVALUATION OF SERVICE OUTCOMES

• Standard model: n=61 referrals written by doctors in 3-months
• SP VFSS referring model n = 112 referrals written by SPs in 6-months

Efficiency
• No significant difference in time to complete forms – most within 1 day
• Most forms completed after 1 contact event (e.g., phone call)

Table 1. Efficiency of completing VFSS request forms

<table>
<thead>
<tr>
<th>Variable</th>
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<th>SP referring model</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean (SD)</td>
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</tr>
<tr>
<td>Days delay to complete form</td>
<td>49.1 (22.2)</td>
<td>0.7 - 97.1 (45.5)</td>
<td>0.5 - 3.065 .088</td>
</tr>
<tr>
<td>No. of contact events to complete form</td>
<td>1.15 (4.01)</td>
<td>0 - 12 (47.9)</td>
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Results

EVALUATION OF SERVICE IMPLEMENTATION

Staff interviewed:
• Treating SPs (n = 30); radiologists (n = 2); VFSS referring SPs (n = 7)
• Treating consultants (n = 8); registrars & resident medical officers (n = 18)

Implementation facilitators:
• The advantage of new model in facilitating high quality VFSS referrals
• Supportive communication networks between doctors and SPs
• Compatibility of pre-existing SP skill-set with the new model
• Engaging stakeholders throughout the implementation process

Implementation barriers:
• Sufficient trained SP referrers available
• Critical sustainability requirements

Information Provided on Medical Imaging Request Forms: Adherence to Radiation Safety Requirements

• Sufficient clinical history to justify radiation exposure
• “The SP is qualified to clinically assess the patient’s swallow and determine whether the risk of radiation is justified.” Radiologist R18
• SPs assess swallowing. Whereas an intern’s not trained to assess swallowing, so it makes sense to have SPs, who’ve done the bedside assessment and know what’s relevant and what they’re looking for, to complete the VFSS request.” Radiologist R17
• “Having enough SPs who are trained in filling in the medical imaging forms, who are actually on the ground on any given day.” SP12

‘“It’s a quicker way to get the forms signed, it’s difficult to access doctors in certain areas… when you’re running up to the wards covering and doctors aren’t there either.”’ SP12

“Monitoring whether there was potential over-ordering of VFSS.” DrW13

Figure 1. Information Provided on Medical Imaging Request Forms: Adherence to Radiation Safety Requirements

‘Using this information to further investigate the VFSS request forms” SP5

“High priority of the forms were being filled out in a fairly rudimentary way, which speaks of the doctors having just pressure of work.” SP15

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Conclusions

The SP VFSS referring model promotes
• Radiation safe referrals
• Modestly improved efficiency of patient flow
• Workflow efficiencies for doctors, whose time is released for clinical tasks

The CFIR supported systematic evaluation and modification of critical implementation factors to establish and sustain the model

Background and Aims

Purpose: To evaluate the new SP VFSS referring model at RBWH

Aims: To evaluate the new SP VFSS referring model at RBWH

Service outcomes: safety and efficiency

Service Efficiency

EVALUATION OF SERVICE IMPLEMENTATION

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