Evaluation of Speech Pathology Therapy Assistant Roles in the Acute Stroke Unit

Aditi Gandhi¹, Marissa Corcoran¹, Rachel Wenke¹

¹Gold Coast Hospital and Health Service, 1 Hospital Boulevard, Southport, Queensland, 4215

### Background

Currently there is limited information available on the role of the Speech Pathology Therapy Assistant (SPTA) in an acute setting. General SPTA studies highlight the importance of using an SPTA to optimise caseload management (Goldberg, Williams & Brown, 2002) and allowing the Speech Pathologist (SP) to prioritise patients with complex needs (Uzarsa, Kuman, Hyde & Skidmore, 2010), in areas which are highly relevant to an acute setting.

It was anticipated that the SPTA could be utilised in the acute stroke unit (ASU) to support the SP in providing management to clients with both swallowing and communication impairments, which are highly prevalent in patients following a stroke.

### Objectives

- Define the specific roles performed by the SPTA in the acute stroke unit
- Describe how the SPTA impacted the overall quality of service provided to the patients by both the SP and the SPTA
- Describe how the SPTA impacted the efficiency of the SP service

### Methods

- Using a quality improvement framework, developed guidelines and roles for the SPTA including a prioritisation framework for the SPTA according to the SPTA scope of practice and ‘principles of delegation’ outlined by Speech Pathology Australia
- Data collection and analysis occurred over a seven-week period: a data collection tool was created to capture SPTA activity on rostered SPTA days

### Data Collection and Analysis

Data was recorded by the SP and SPTA:

1. Number of patients seen by the SPTA
2. Type and occurrence of roles performed by the SPTA
3. Number of patients seen by the SP
4. Number of patients not seen by SP but seen by SPTA and rationale
5. Why patients not required to be seen by the SP, due to the SPTA

The number of times each role was performed per week

### Roles that the SPTA Conducted:

1. Daily chart reviews
2. Mealtime reviews
3. Mouth cares
4. Education (giving handouts)

### Risks identified by SPTA that warranted an SP Review:

- Type of role performed during identifying risk
- Whether the SP reviewed the patient on the same day as the SPTA identified the risk
- The outcome following SP review

### Results

#### Number of Patients Not Seen by SP Due to SPTA

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<thead>
<tr>
<th>Number of Patients Not Seen by SP Due to SPTA</th>
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<tbody>
<tr>
<td>120</td>
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#### SPTA Roles that Identified Need for SP Review:

- Mealtime reviews (72%)
- Chart reviews (14%)
- Mouth Cares (7%)
- Early Intervention (7%)

### Types of Risks Identified from Mealtime Reviews:

- Difficulty chewing and clearing solids (40%)
- At risk behaviors (impulsivity) (10%)
- Food preference (resulting in poor oral intake) (10%)

### Types of Modifications made by SP:

- Modified diet and fluids (downgraded 70% of the time)
- Additional recommendations to nursing staff (30%)
- Additional carer/family education (20%)

#### Efficiency of SP and SPTA Service

- 30% of the patients seen by the SPTA did not require an SP review on the same day
- Qualitative data indicated that this time was used by the SP to attend to new stroke referrals more promptly, conduct quality improvement projects, attend professional development events, and deliver ward education.

### Limitations and Future Directions

- Preliminary project exploring the new role of the SPTA
- Short time frame for data collection
- Efficiency of the SPTA fluctuated as it was a new role and thus timing of data collection may not have reflected optimal efficiency (i.e., due to SPTA unfamiliarity with roles).
- Further review of the SPTA roles and the possibility of expansion of these is indicated.

### References