Implementation and evaluation of speech pathology-led referring process for VFSS

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BACKGROUND AND AIMS

• Speech pathologists (SPs) use VFSS to treat dysphagia
• Only Doctors are authorised to request VFSS: Radiation Safety Act, Qld
• Inefficient workflow
• Can delay patient access to VFSS

Alternative model: SPs refer to VFSS under protocol
Radiologist requests radiation test

AIM: implement & evaluate the SP-led VFSS referring model

EVALUATION OF EXISTING VFSS REFERRING PROCESS

3-months inpatient referrals (n = 61)

1. Efficiency
   - Time to write request forms: 90% written within 2 days
   - 87% request forms completed after 1 contact

2. Adherence to radiation safety regulations
   - 67% request forms had sufficient clinical information to justify radiation exposure
   - 84% request forms included a clinical question to be answered by the VFSS, to optimise radiation exposure

JUSTIFICATION
Diagnostic radiation - benefits must outweigh the harm

OPTIMISATION
Radiation exposure must be as low as reasonably achievable (ALARA) to answer the clinical question
# ESTABLISHMENT OF SPEECH PATHOLOGY-LED VFSS REFERRING MODEL

## AUTHORISATION & GOVERNANCE

- **Authorisation**: by Director of Medical Imaging permitting SPs to refer patients for VFSS, under an *Internal Request* protocol.
- **Endorsement of model for hospital-wide use**: Executive Director of RBWH Medical Services.
- **Supported**: Executive Directors: Medicine, Surgery & Oncology, Treating Consultants.

## SPEECH PATHOLOGIST TRAINING

- Designed with Radiation Safety Officer.
- Completed by 4 SPs - Duration: 2 hours; annually.

### THEOREY: Radiation safety training
- ARPANSA online module + **ASSESSMENT**: Pass online quiz.

### PRACTICAL: Completion of VFSS Request Forms
- Complete Medical Imaging Request forms.
- **ASSESSMENT**: Demonstrate adherence to RANZCR requirements for justification & optimisation.

## IMPLEMENTATION

1. **Treating SP** identifies a need for VFSS.
2. **Verbal approval** for VFSS from treating doctor.
   - If doctor **declines** VFSS
   - If doctor **approves** VFSS
3. **Trained VFSS referring SP** completes VFSS request form, incl clinical information to **justify & optimise** radiation exposure.

**VFSS does NOT proceed**
PRELIMINARY EVALUATION OF SP-LED VFSS REFERRING MODEL

First 3 months of inpatient referrals (n = 53)

**Efficiency**
- **Time to write request forms:**
  - 74% forms written within 2 days
  - 26% written in 3-6 days

**Adherence to radiation safety regulations**
- **JUSTIFICATION**
  - 100% SP request forms contained sufficient clinical information to justify patient radiation exposure
- **OPTIMISATION**
  - 100% SP request forms included a clinical question to be answered by the VFSS, to optimise diagnostic value

**Patient safety**
- Clinical incidents
- Inappropriate referrals

**Stakeholder feedback**
- Treating SPs & doctors
- VFSS referring SPs
- VFSS Radiologists

**CONCLUSIONS**
- SP-Led VFSS referring: supports radiation-safe referring practices & aims to improve work flow efficiency
- Critical factors for establishing and implementing SP-Led VFSS referring model:
  - Radiation Safety Compliance
  - SP training
  - Executive endorsement
  - Clear operating procedures