Swallowing disorders—improving access to quality assessment in rural South Australia

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Disorders of swallowing are a common occurrence for people with acute and chronic diseases such as stroke, Parkinson’s disease, motor neurone disease and dementia.

Speech pathologists play a pivotal role in both the assessment of swallowing disorders and the design of individually tailored treatment programs for clients aimed at reducing risk of choking and chest infections as well as improving quality of life. Instrumental assessment of swallowing disorders such as with a modified barium swallow (MBS) is considered best practice to ensuring accurate treatment planning.

In rural communities, there is consistent evidence to indicate that health outcomes for people are poorer, partly due to reduced access to services and less specialism for allied health staff undertaking this assessment. In rural South Australia, access to MBS services by speech pathologists for clients has historically been poor for a number of reasons, including poor access to training opportunities, staff retention difficulties and reduced referrer awareness of the service. This is in contrast to speech pathology services in metropolitan areas where large hospital sites have well established weekly MBS services and good awareness of the service with referrers.

This presentation will identify issues and barriers related to access to and provision of safe and effective delivery of MBS services in rural South Australia using a systematic application of the following clinical governance principles:

- clinical audit—establishing a baseline of current and future practice, including staff survey
- developing a framework of education and training (both of staff and referrers)
- clinical effectiveness—evaluating effects on client management
- risk management.

Following this, there will be an exploration of how the PDSA (plan–do–study–act) cycle can be used to evaluate the impact of the clinical governance principles on specialised skill development for speech pathology workforce for the provision of MBS services (identified using clinical audits and stakeholder surveys). The PDSA tool is relatively simple to use for all health services, enabling a framework of continuous quality improvement to be embedded in the culture of a professional group or service.

Conclusions will be drawn from the audit and survey results for the baseline of current services and impact of a training and competency framework for the specialist skill development of speech pathology staff. Future PDSA cycles propose to evaluate changes in client access and clinical effectiveness for this service in rural South Australia.