# Paediatric SLT standards go from BLACK to GREEN just by creating a Tracheostomy Team!



B Carty brenda.carty1@nhs.net and M Peck melanie.peck@nhs.net (SLT's)The Royal London Children's Hospital @BartsAcuteSLT

#### Aims

To present comparative data on how a dedicated Paediatric Tracheostomy MDT including SLT influenced compliance with standards and Therapy Outcome Measures for Tracheostomy and Dysphagia.

#### Methodology

Retrospective BRAG risk rating compliance against best practice SLT standards. Thematic analysis of Tracheostomy and Dysphagia Therapy Outcome Measures (TOMs)

STANDARD & REFERENCE	BRAG ASSURANCE RATING				
	Full 100%	Significant 95-99%	Reasonab 85-94%		None 0%
	BEFORE TRACHE MDT AFTER TRACHE MD			HE MDT	
SLT attends weekly MDT ward rounds as part of tracheostomy team [1]	0/15			18/18	
SLT is involved in MDT decision making regarding tracheostomy insertion preoperatively [2]	0			5	
MDT and staff have access to teaching and education on communication and swallowing problems associated with CYP with a tracheostomy in the past year [2]	No reque	st for formal t	raining 5	O staff attended	formal trainin
SLT is involved preoperatively for all elective tracheostomies to assess communication and swallowing for baseline [2]	0			5	
SLT completes assessment of swallowing function and communication post tracheostomy where appropriate [2]	3/15			18/18	
SLT provides bedside swallowing and communication plan which are updated as appropriate for all babies and children ([2]	3/15			18/18	
Oral hygiene plan with SLT consult provided, maintained and updated regularly [3]	3/15			18/18	
Speaking valve candidacy and assessment is discussed as part of MDT ward rounds [4]	0/15			18/18	
Speaking valve assessment involves ENT, SLT and respiratory CNS and/or physiotherapist input [4]	2/15			7/7	
Prior to a tracheostomy being performed parents and CYP has access to SLT advice and education regarding possible changes to communication and swallowing post procedure [4]	0			5/5	
Parents and CYP have opportunity to access on-going SLT education post tracheostomy on supporting feeding and communication needs of the child [2]	2/15			18/18	
All CYP seen by SLT will have all relevant Therapy Outcome Measure Scores [5]		0/2		18/1	L8

- 1. Acute Paediatric SLT Team The Royal London Children's Hospital (2017) local tracheostomy standard based on evidence informed practice with reference to McGrath B, Wallace, S (2014) The UK National Tracheostomy Safety Project and the role of speech and language therapist Current Opinion in Otolaryngology & Head &
- 2. Best Practice Statement: Caring for the child/young person with a tracheostomy, NHS Quality Improvement Scotland (2008)
- 3. Acute Paediatric SLT Team, The Royal London Children's Hospital (2016) local oral hygiene standard based on evidence informed practice with reference to Mouth Care Matters A guide for hospital healthcare Professionals (2016) NHS Health Education England
- Griffiths et al (2000) Guidelines for the development of local standards of oral health care for dependent, dysphagic, critically and terminally ill patients. British Society For Disability and Oral Health (BSDH) • Clinical Guidelines and Integrated Care Pathways for the Oral Health of People with Learning Disabilities (2012) Faculty of Dental Surgery, The Royal College of Surgeons of England, Unlocking Barriers to Care British Society for Disability and Oral Health. Funded by Diana Princess of Wales Memorial Fund. Additional Funding
- 4. Acute Paediatric SLT Team The Royal London Children's Hospital (2017) local tracheostomy standard based on evidence informed practice with reference to
- Stevens, M (2011) Use of the Passy-Muir Valve in the Neonatal Intensive Care Unit Neonatal Intensive Care Vol. 24 No. 7 November-December 2011, p22-23 • Hoffmann (2008) Passy-Muir Speaking Valve Use in a Children's Hospital: An Interdisciplinary Approach. Perspectives on Voice and Voice Disorders June vol. 18 no. 2 76-
- 5. Acute Paediatric SLT Team, The Royal London Children's Hospital (2016) local outcome measure standard with reference to

from: MENCAP City Foundation & The Bailey Thomas Fund

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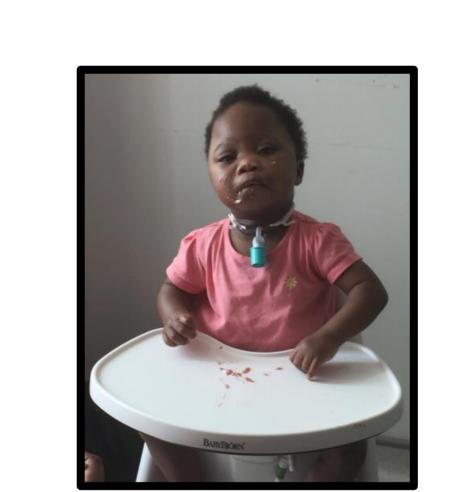
A Paediatric Tracheostomy Team with SLT optimises compliance with standards and increases cuff deflation, speaking valve use and oral feeding.











## 69% Showed improved wellbeing Feeding Tube

71%

Commenced

oral feeding

### Results and Outcomes

## **BEFORE Tracheostomy MDT**

60% non compliance with standards 40% limited compliance with standards

# 100% Full compliance with standards

Actively

participating in

mealtimes

removed

39% Self managing secretions 86%

> 50% **Tolerating** continuous cuff deflation

Using Speaking Valve









