

CFAHR Evidence Brief

Can Allied Health Assistants (AHAs) assist with dysphagia services?

Authors and Affiliations

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Alignment with [Metro South Health Research Strategy 2019 - 2024](#)

- Build research capability
- Increase research capacity
- Embed research in clinical services
- Translate research to better health
- Research excellence

Alignment with [Allied Health Research Capability & Development Strategy 2017 - 2020](#)

- Engage staff as research consumers
- Enable staff as research generators
- Build research-enabling infrastructure and strategic processes
- Strengthen leadership in research and innovation
- Enhance internal research collaboration and synergy
- Strengthen partnerships with consumers and external stakeholders

Alignment with [Allied Health Research Capability & Development Strategy 2017 - 2020](#)

- Standard 1 – Clinical Governance
- Standard 2 – Partnering with consumers
- Standard 3 – Preventing and controlling healthcare-associated infection
- Standard 4 – Medication safety
- Standard 5 – Comprehensive care
- Standard 6 – Communicating for safety
- Standard 7 – Blood management
- Standard 8 – Recognising and responding to acute deterioration

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Practice Issue

To meet increasing patient numbers and clinical service demands, consideration of new models of care delivery is required. Evidence has shown that delegation of some aspects of clinical care to Allied Health Assistants (AHAs) can increase workforce efficiencies, reduce unmet needs and reduce waiting lists. However, the use of delegation models across allied health remains variable, with underutilisation of AHAs in many allied health professions. Within speech pathology, there has been limited use of the AHA workforce. However, as the numbers of patients who require support and management of dysphagia (swallowing disorder) continue to increase within acute care – the potential to use AHAs to assist in delivery dysphagia services needs to be considered and evaluated.

Evidence

The current body of evidence was designed to identify current delegation practice and then evaluate the feasibility and validity of using trained AHAs in dysphagia screening and mealtime monitoring. The first study in this series examined current policy and clinician perceptions of using AHAs to conduct dysphagia services. This identified that although current policy supported AHA delegation in dysphagia management, uptake in clinical practice was low with further governance, training and evaluation of safety required. Following this, the team examined the feasibility and validity of using trained AHAs to complete structured mealtime observations. That work identified high levels of agreement between speech pathology and AHA observations. The importance of training, awareness of scope of practice/role limitations and strong professional relationships were also highlighted as key factors impacting model success. In the final paper, a delegation model for having AHAs complete swallow screening was trialled in low-risk populations. Results identified that trained AHAs could complete dysphagia screening with a high degree of accuracy, supporting the safety of delegation of dysphagia related tasks to AHAs following targeted training.

Practice Change

This body of research has demonstrated that dysphagia delegation to trained AHAs is feasible, valid, safe and well-received. Results have demonstrated the importance of targeted training and clear role delineation for model success. The results of this research provide evidence to support the use of the AHA workforce to facilitate delivery of timely screening of dysphagia risk, and to support mealtime monitoring of dysphagia patients in the acute setting, providing time and cost savings. Further work into AHA service models for supporting dysphagia rehabilitation and expanding screening models are currently underway at Logan Hospital.

Publication/s

1. Schwarz, M., Ward, E. C., Cornwell, P., & Coccetti, A. (2019). Delegation models in dysphagia management: Current policy, clinical perceptions and practice patterns. *International journal of speech-language pathology*, Early Online, 1-11.
2. Schwarz, M., Ward, E. C., Cornwell, P., Coccetti, A., & Kalapac, N. (2019). Evaluating the feasibility and validity of using trained allied health assistants to assist in mealtime monitoring of dysphagic patients. *Dysphagia*, 34(3), 350-359.
3. Schwarz, M., Ward, E. C., Cornwell, P., Coccetti, A., D'Netto, P., Smith, A., & Morley-Davies, K. (Under Review). Exploring the validity and operational impact of using Allied Health Assistants to conduct dysphagia screening for low risk patients within the acute hospital setting. Under review in the *American Journal of Speech Language Pathology*

Adapted from Tilley Pain (Townsville HHS)

Based on the Australian Healthcare and Hospitals Association's Health Policy Evidence Brief

Metro South Health Research Strategy 2019 – 2024 https://qheps.health.qld.gov.au/_data/assets/pdf_file/0012/2325000/research-strategy.pdf

Allied Health Research Capability & Development Strategy 2017 – 2020 <https://metrosouth.health.qld.gov.au/sites/default/files/allied-health-research-strategy.pdf>

National Safety and Quality Health Service Standards <https://www.safetyandquality.gov.au/sites/default/files/migrated/Overview-of-the-NSQHS-Standards-second-edition.pdf>