Advanced Practice Summary Report

Project title	Expansion of a Speech Pathology led Fibreoptic Endoscopic Evaluation of Swallowing service at Austin.
Health Service	Royal Talbot Rehabilitation Centre, Austin Health.
Project aim	Commence Speech Pathology led Fibreoptic Endoscopic Evaluation of Swallowing (FEES) service at Royal Talbot Rehabilitation Centre (RTRC).
	 Prior to project, Instrumental swallowing assessments (videofluoroscopy (VFSS) and FEES) already available at 2 other Austin Health sites (Austin Hospital and Heidelberg Repatriation Hospital)
	 Prior to project, no access to instrumental swallowing assessments on RTRC site ~ 20 patients/year at RTRC had to be transported via ambulance to another Austin Health sites for instrumental swallowing assessment
Key outcomes	 More equitable service for patients at Austin Health with procedure now available on all three sites. Patients receive instrumental swallowing assessment (FEES) on site as required with no need to wait for available appointment and travel via ambulance to another site
	• 8 FEES procedures undertaken at RTRC during 4 month evaluation period
	 No adverse events
	 No patients requiring ambulance transport to Austin/HRH to have this procedure, reducing costs (~\$200/ambulance trip return)
	 Reduced use of other services within Austin Health including acute therapists, radiology department (radiographers, radiologists and nursing) for VFSS and ambulance staff
	 Reduced delays to decision making re: safety of oral intake as not waiting for appointment/ test at another campus
	 Patients more available for rehabilitation as not being transferred to another site for the procedure.
	• Improved productivity/efficiency of staff by enabling service to be provided on site. Prior to this staff and patients had to travel between the other two sites where FEES was offered. Service time was reduced to thirty minutes compared with four hours including patient transport to another site
	Two speech pathologists trained at RTRC to perform FEES independently
	• Staff training time shortened from 1 year to 4 months and service continuity maximised by reconfiguring existing competency training program and delivering in an intensive two week program. Training was previously undertaken during a once weekly session which extended the length of time taken to reach competency (up to one year). The updated course covered learning on:
	 Additional simulation tasks for technical skill development.
	 Reduced didactic teaching by reconfiguring content to have more self- directed, specific, task based learning.
Total investment	Funding provided: \$32,155
	Funding costs included: Staffing costs, equipment / capital costs.
	Total FTE to to complete project: 0.1 (150 hours)
Resources available	Austin Health FEES Clinical Procedure