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Enhancing the Quality of Care for Old-Aged Home Residents with Dysphagia Through a Community Speech Therapy Pilot Project in the Hong Kong East Region

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A survey in the Speech Therapy Department of RHTSK in 2001 showed that 24% of the out-patient speech therapy referrals are old-aged homes (OAH) residents. Another survey on OAH residents' swallowing status revealed that (1) 8.5% of the OAH residents required non-oral feeding, (2) among the residents who were on oral feeding, 9.1% of them were reported to have swallowing difficulties at OAHs. The demand for swallowing rehabilitation from OAH residents called for our attention and action as aspiration of food bolus can be fatal and life threatening.

Problems were encountered in the swallowing rehabilitation for the frail elderly residents of the OAHs. These included escort problems, long waiting time for transport and traveling to out-patient clinic, poor compliance and poor carry-over of the aspiration risk prevention when the patients were discharged from hospital back to the OAHs. As a result, continuity of care was broken down and those elderly were often prone to feeding difficulty and readmission to hospitals again.

With the support from H.A.H.O., an outreaching community speech therapy (CST) pilot project for the Hong Kong East Region has commenced in RHTSK on 1 May, 2001. It aimed to enhance the service quality and outcomes to the OAH residents who suffer from swallowing problems through

- a) Education to OAH workers on identifying and managing swallowing problems in the elderly, and
- b) On-site consultation at the OAHs by speech therapists

Up till now, 11 OAHs, including 5 Care & Attention Homes and 6 Private Nursing Homes were recruited in the community speech therapy service. Two major education programs in risk identification and management of swallowing problems in the elderly were arranged in 2002 and 2005. These included a pilot 4-week post discharge dysphagia management enhancement program and a swallowing management refresher course. More than 200 OAH staffs had received training on risk identification and management of swallowing difficulty in elderly. On-site speech therapy follow-up was established in the eleven OAHs in 2006. With an average manpower of 0.25 speech therapist FTE, a total of over 600 new patient attendances were attained by the community speech therapy pilot project from May, 2001 to August, 2006. Out of the 570 residents who had completed swallowing intervention by speech therapists throughout these years, 62.8% of the residents seen were able to sustain oral feeding and 3.9% of the residents seen were able to resume oral feeding. For the 358 residents who could sustain oral feeding, 140 residents (39.1%) were having their diet upgraded and 89 residents (24.9%) had to change to dysphagia diet in order to sustain oral feeding safely. A satisfaction survey for the OAH staffs showed satisfaction on the CST service. An estimate of 390 hours for escort and an estimate of HK\$ 37,720 for NEATS cost were saved in the pilot project running in 2001. In a study to compare the cost per patient treated between community speech therapy (CST) service and out-patient speech therapy service (OPD) in the period of 1 October, 2001 to 31 March, 2003, the cost in CST (\$566.2) was lower than that of the OPD (\$893.5) in terms of speech therapist's time and transportation (W. Y. Leung, 2004).

Through the implementation of the community speech therapy pilot project in 2001, the needs of the OAH residents with swallowing disorders were identified and satisfactory outcomes were obtained from this new outreaching speech therapy service delivery model. Continuous public education and collaboration with the OAHs is needed to facilitate risk management and enhance the quality of care to the high-risk elderly.