

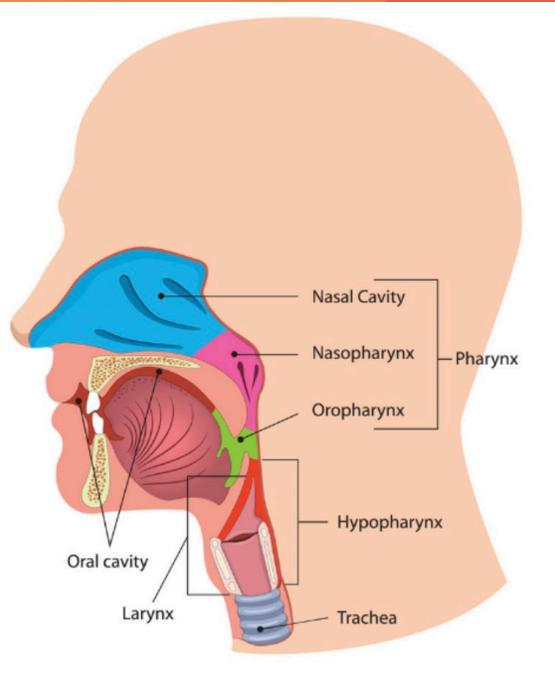
Utilising telehealth to deliver speech pathology and nutrition services to patients undergoing head and neck cancer treatment: a COVID-19 response.

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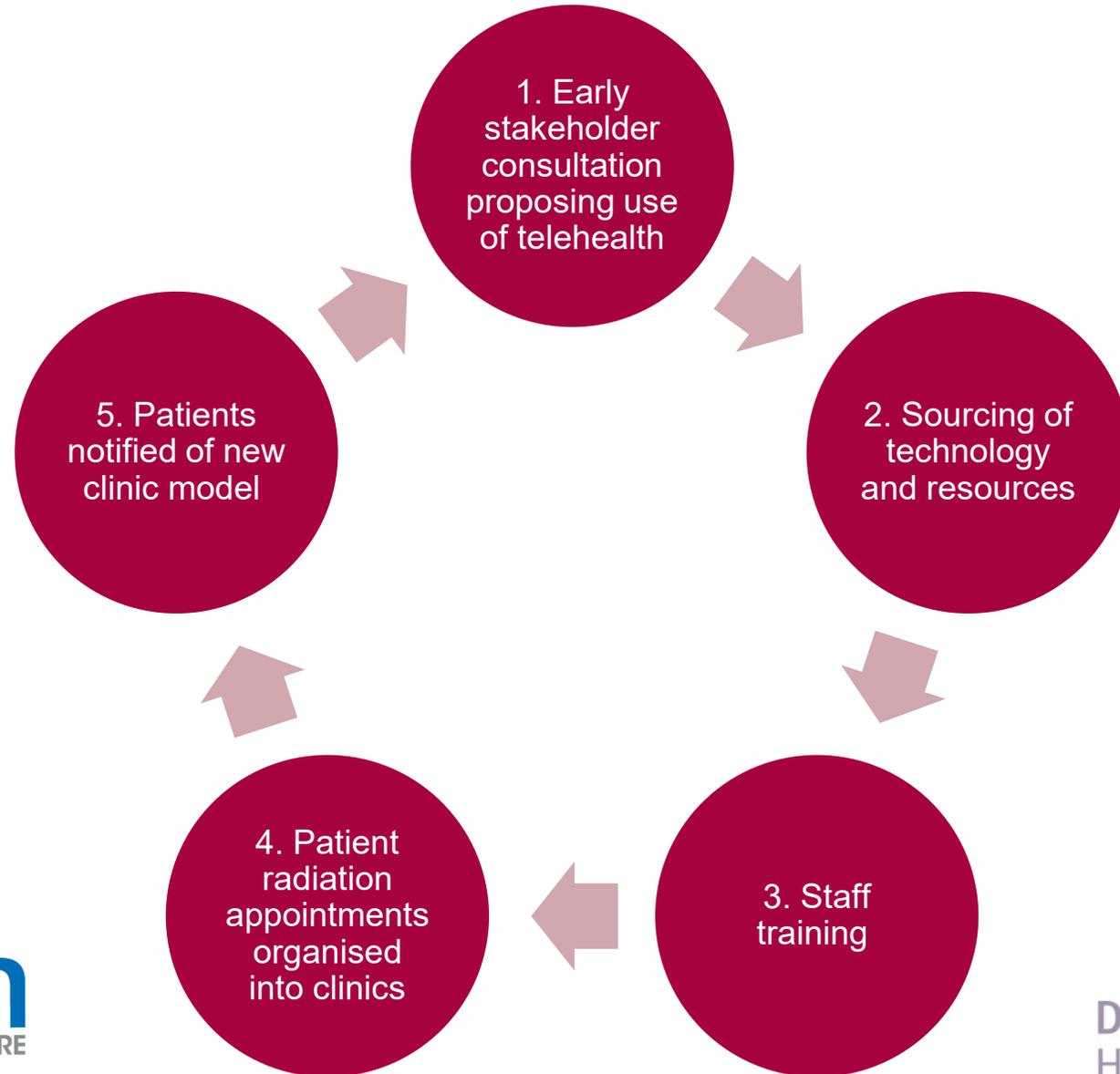


Background

- Chemotherapy and radiation is used to treat head and neck cancer
- Guidelines recommend weekly allied health diet/ speech pathology review of patients
- Radiation therapy delivered at St Andrews Hospital
- Previously patients travelled to TH for face-to-face appointments with Dietitian and Speech Pathologist
- During COVID-19 pandemic restrictions were imposed on outpatient services



Facilitating Rapid Change



ICON
CANCER CENTRE

Darling Downs
Health

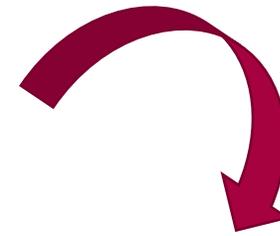
Telehealth Model of Care

Icon Cancer Centre



Patients and Nurses

- Toxicity assessment
- Enteral and oral nutrition
- Diet upgrade/downgrade
- Motivational interviewing
- Triage for FTF appt



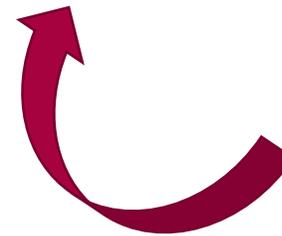
- Patient/ family questions
- Request face to face appts
- MDT communication

Toowoomba Hospital



Dietitian and Speech Pathologist

Darling Downs Health



Formal Evaluation

Aim

- *A comparison of the effectiveness, efficiency and sustainability of the telehealth model of care with the previous model of care*

Method

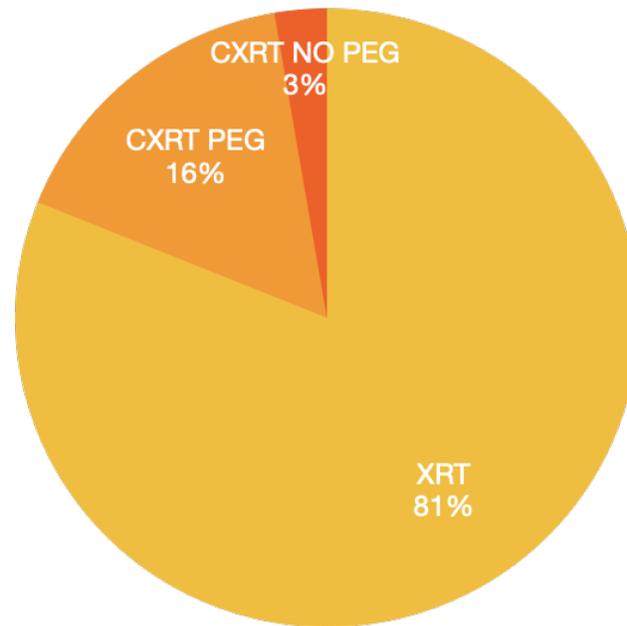
- Historical chart review of all patients who underwent radiation between June to August 2019 and June to August 2020

Outcome measures

- Efficiency of the service
- Patient related outcome measures
- Staff and clinician satisfaction
- Service sustainability

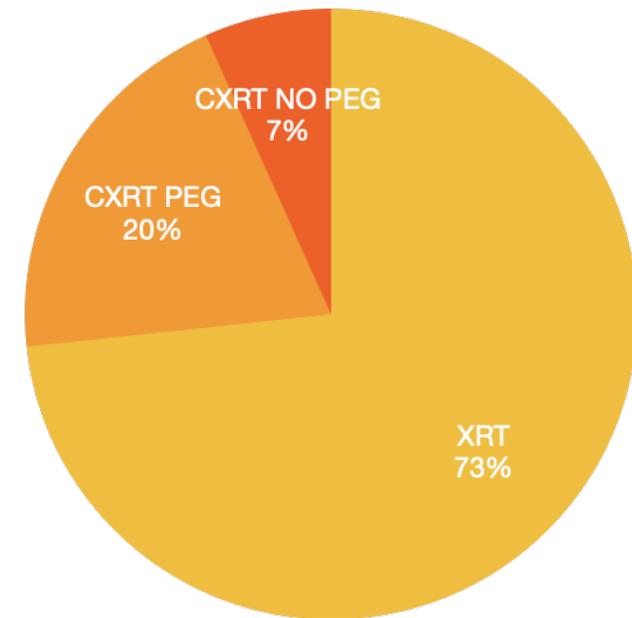
Cohort Analysis

June – Aug 2019



Usual model of care
N= 37

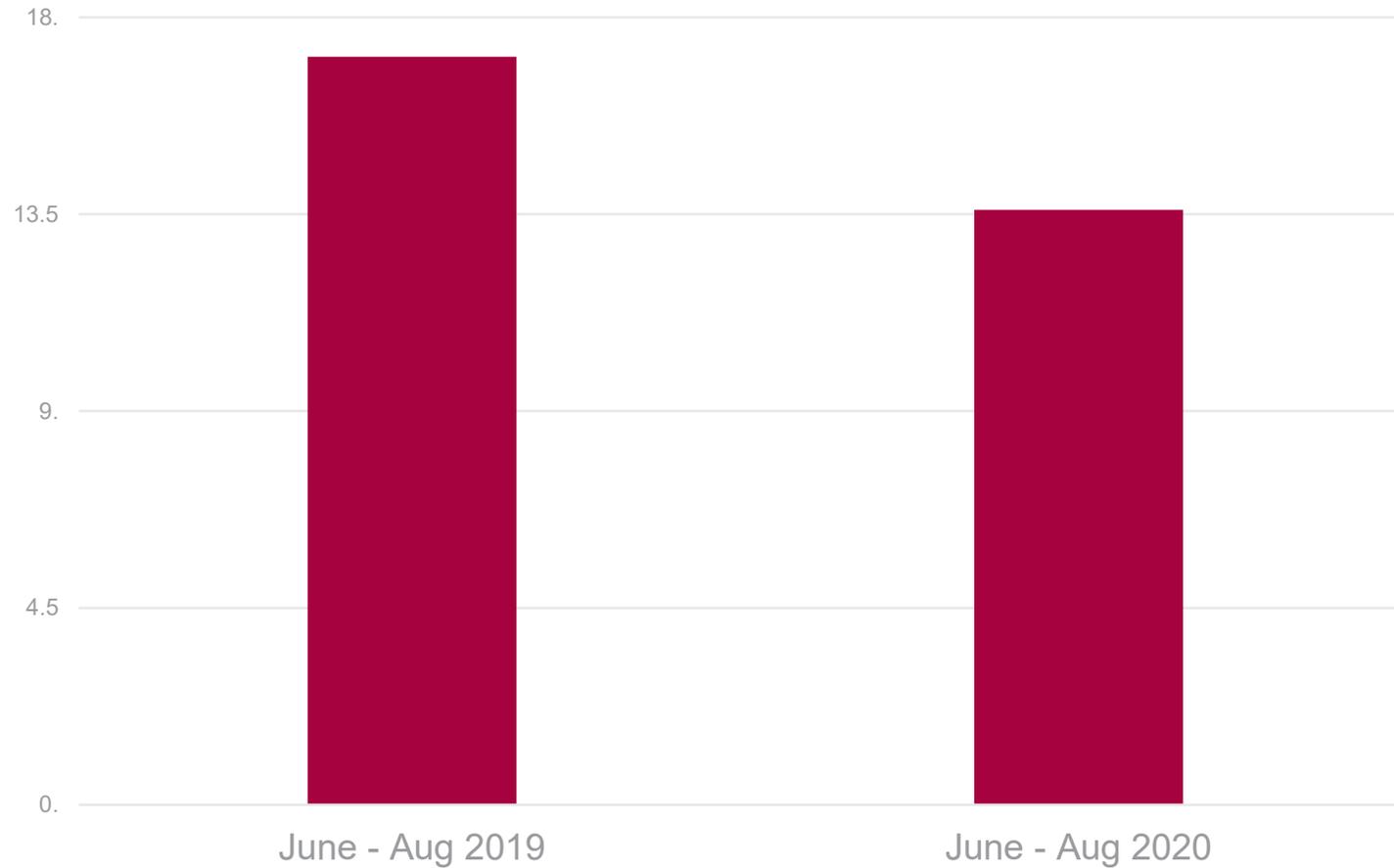
June – Aug 2020



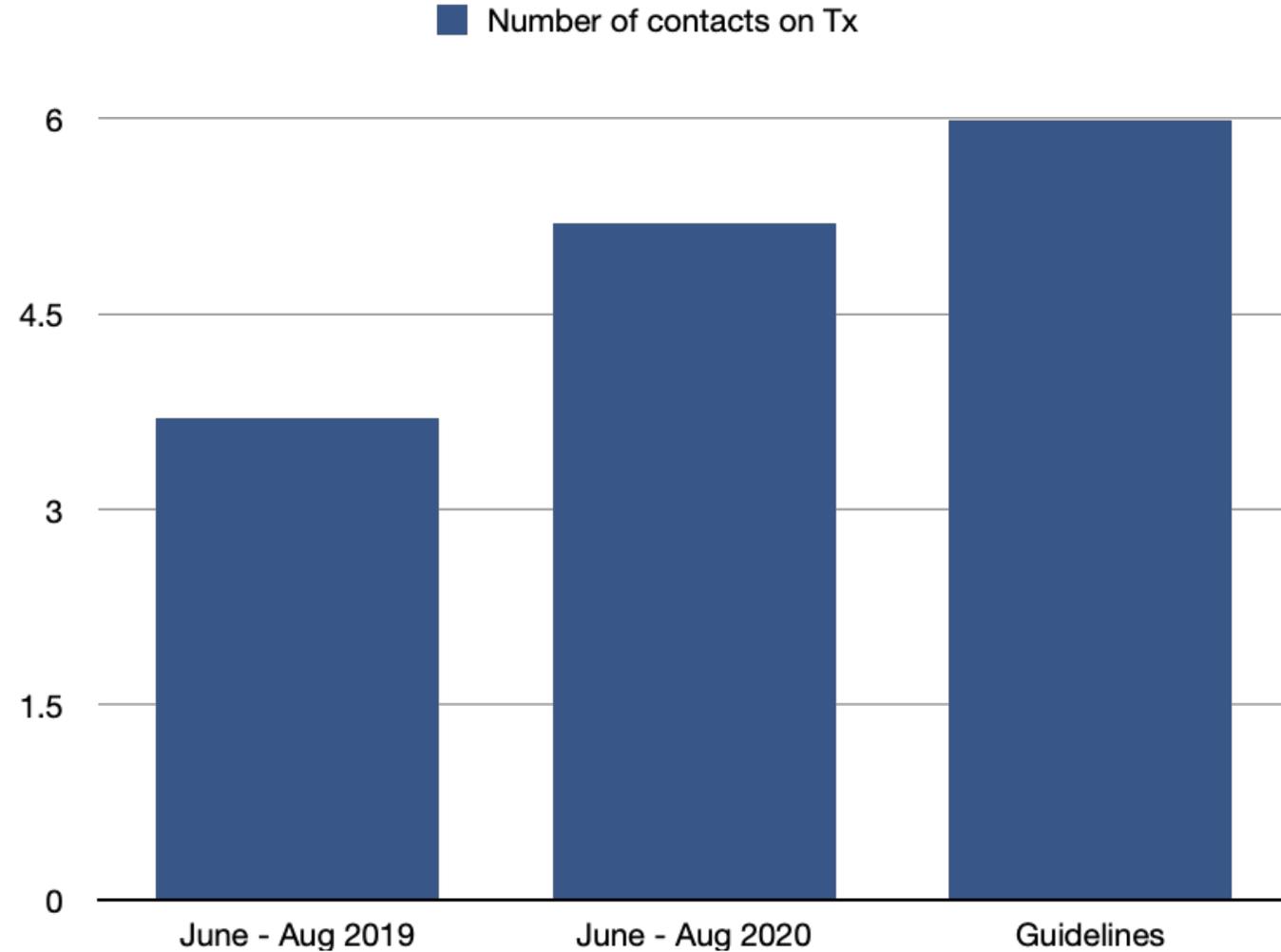
Telehealth model
N= 30

Wait Time for Initial Ax

Average Wait for Cat 1 referrals (Days)



Clinician/ Patient Contacts



Clinical Outcomes

	June – Aug 2019	June – Aug 2020
Percentage body weight lost during Tx	3.29%	2.71%
Diet intervention- downgrade	37.7% (52)	25.2% (39)
Diet intervention - upgrade	1.5% (2)	2.6% (4)
Oral nutrition support intervention	21.1% (29)	26.5% (41)
Enteral nutrition intervention	13% (18)	11% (17)
Hospital admission during Tx	5	1

Consumer Satisfaction Surveys

Question	Agree	Disagree
I felt the care that I received was the same as what I would have received from a face-to-face appointment	100%	0%
I would be happy for future assessments to be via telehealth	93%	7%
I was comfortable participating in the telehealth consultation	100%	0%
Were you able to see/hear the clinicians on the screen?	100%	0%

Questions	Yes	No
If telehealth was unavailable, would you be willing to attend TH to see the Dietitian and Speech Pathologist	71%	29%
Approximate time to travel to Toowoomba Hospital for an appointment	10 – 70 minutes (ave. 33 minutes)	



Consumer Quotes

“Excellent”

“Thought the service was quite successful”

“Happy with the service, suits my needs”

“We find the telehealth very helpful as it alleviates the need to go to Toowoomba Hospital. Therefore no parking fees...”

Clinician and Staff Satisfaction

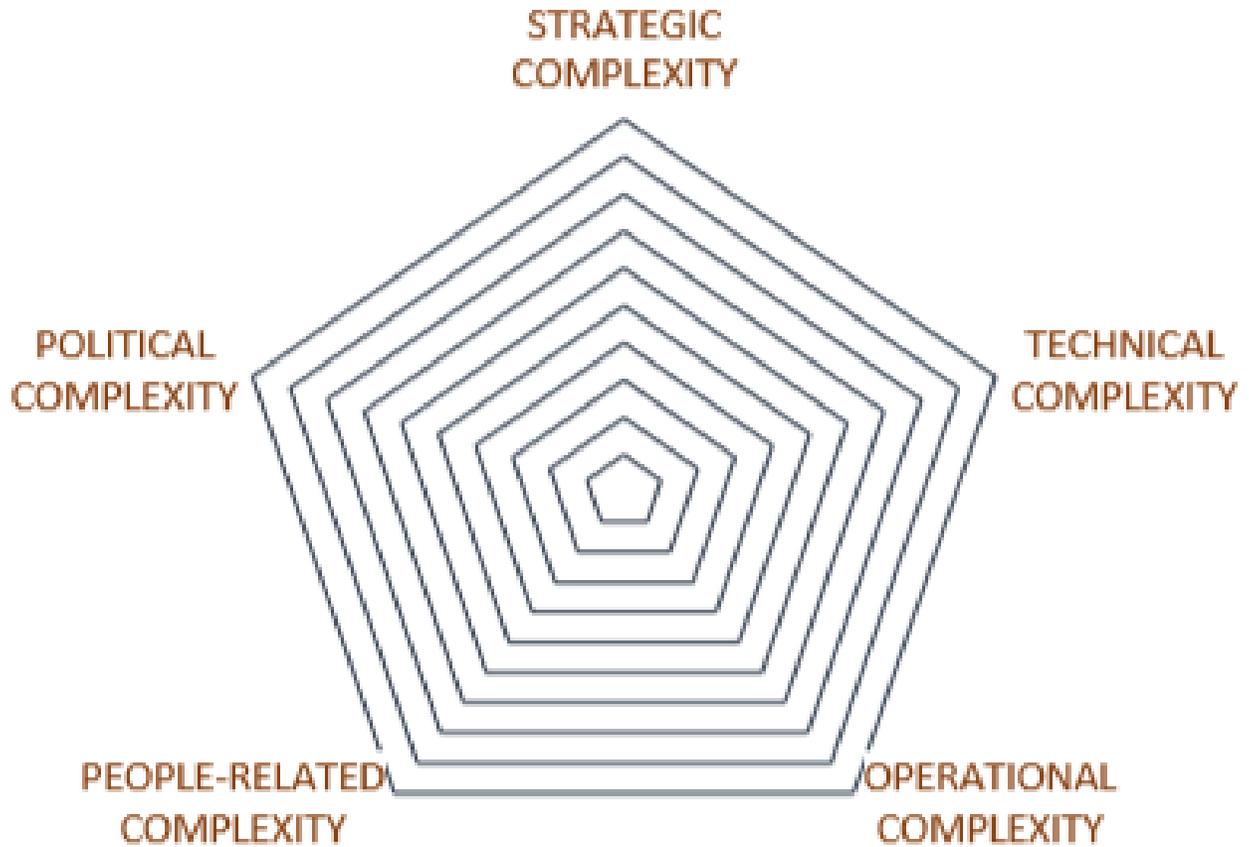
Question	Agree	Disagree
The telehealth was easy to use	90%	10%
The audio/visual quality was appropriate for the session	100%	
Supportive of continuing a telehealth service	100%	

Staff Quotes:

“Room space and internet access was difficult to begin with... encourage this ongoing for best supportive care of our patients”

“I like the idea of doing telehealth here instead of patients travelling”

Service Complexity Assessment



Score = 4/35

Low complexity = likely to be sustainable

Results – Summary

- Improved efficiency delivering dietetics and speech pathology joint head and neck service
- Improved alignment with service guidelines
- Comparable patient clinical outcomes observed using Telehealth and face-to-face appointments
- High level of consumer and clinician satisfaction with telehealth model
- Sustainable service



Conclusion and Future Direction

Telehealth model successfully integrated into usual practice and continues to operate.

Future direction:

1. Complete research publication
2. Integrate new model into policy and procedure
3. Succession planning and use of AHA
4. Telehealth at home for post treatment patients

Lessons Learnt

- Importance of stakeholder ‘buy in’
- Importance of being flexible and supportive of all teams involved.
- Identification of key “change champions” at Icon to support and facilitate change
- Effectiveness of the use of temporary technology initially and troubleshooting in real time



Acknowledgement

- Icon Cancer Centre
- Darling Downs Health Research Team
- Speech Pathology and Dietetic Directors, DDH

References

1. Queensland Government (2017). Framework for Effective and Efficient Dietetic Services (FEEDS) Cancer Care.[online] Available at: https://www.health.qld.gov.au/__data/assets/pdf_file/0025/668014/feeds-cancercare.pdf [Accessed 25th May 2020]
2. Krisciunas GP et al (2012). Survey of usual practice: dysphagia in head and neck cancer patients. *Dysphagia*; Volume 24, issue 4: pages 538-49
3. Metro North Hospital and Health Service. (2020). *Evaluation Framework to inform COVID-19 Models of Care*. Version 1. [pdf]. State of Queensland (Metro North Hospital and Health Service).