

**APPENDIX 1**

**PROPOSAL TO INTRODUCE A NEW INTERVENTION OR SERVICE**

**Subject: Proposal for Introduction of Fiberoptic Endoscopic Evaluation of Swallowing (FEES) Clinic at <enter facility>.**

**OR**

**Proposal for speech pathologists to independently pass and operate the nasendoscope during the Fiberoptic Endoscopic Evaluation of Swallowing (FEES) Clinic at <enter facility>.**

**Reference No.                      Secretariat use only**

**Meeting date:                      Secretariat use only**

**Date Submitted:**

**Submitted by:                      Insert name, title and telephone contact**

**Unit/Team  
Manager Sign:**

**Professional  
Manager Sign:**

**Facility/Service AH  
Director Sign:**

**New Item /                      Insert date(s) previously raised  
Previously Raised:**

**Recommendation(s):**

That Allied Health Credentialing and Defining Scope of Clinical Practice Committee:

*<select appropriate from list below>*

- 1. Endorse the Proposal for commencement of a Fiberoptic Endoscopic Evaluation of Swallowing (FEES) Clinic at ..... <insert facility name>*
- 2. Note that the speech pathology department at <enter facility name> is performing FEES, including receiving training in passing and operating the nasendoscope, with the view to become competent with this skill and be able to perform it independently.*
- 3. Endorse the protocol for speech pathologists to perform nasendoscopy within the FEES Clinic at <enter Facility name>. See attached Appendix 1). Speech pathologists performing this role independently will need to be credentialed.*
- 4. Endorse the Credentialing Application for Complex Clinical Practice (Fiberoptic Endoscopic Evaluation of Swallowing – FEES) for ..... <insert staff member name>... (see attached Appendix 2).*

### **Usual Qualifications and Professional Development Expectations to Practice:**

A Bachelor of Speech Pathology Degree is a 4 year degree and an entry level Masters Degree of Speech Pathology is a 2 year post graduate degree. The Speech Pathology Australia 'Competency Based Occupational Standards' (CBOS) detail the minimum knowledge, skills and attributes required for graduate entry into the profession. CBOS is used to inform university curriculum development and must be addressed for university speech pathology degree programs to achieve accreditation. On being awarded an accredited university qualification (Bachelor or Entry-Level Masters Degree) an individual is considered eligible to practise and subsequently eligible for practicing professional membership of Speech Pathology Australia (Speech Pathology Australia, 2009).

Speech Pathology is a self-regulating profession and as such speech pathologists are required to be eligible for practising membership of Speech Pathology Australia and do not require registration with a regulating body.

FEES is an instrumental assessment tool used to evaluate swallowing function and guide the treatment of swallowing disorders and it has been used in clinical practice since 1988. Speech Pathologists are internationally recognised as specialists in the assessment and management of dysphagia. FEES has emerged as an international gold standard in dysphagia assessment and there is increasing reliance on FEES in dysphagia clinical research. Instrumental assessment such as FEES satisfies the clinical standard for dysphagia management within a tertiary-level teaching and research facility.

FEES involves transnasal endoscopic imaging that allows the visualisation of the oropharynx, pharynx and larynx during swallowing via videographic images. It allows direct visualisation of the surface anatomy of the critical structures of

swallowing in order to evaluate the movement of these structures in response to swallowing saliva, regular food and drink. The nasendoscope is manoeuvred insitu to maximise visualisation of these critical structures, presence of pharyngeal residue and aspiration. As with other instrumental dysphagia assessments, the aim of FEES is to determine the nature of the dysphagia and the factors and/or strategies that may improve or manage the dysphagia. FEES can provide valuable information regarding:

- secretion management
- pharyngeal and laryngeal sensation
- surface anatomy
- airway protection
- bolus pathway
- bolus residue

Historically, nasendoscopy has routinely been used by Ear, Nose and Throat (ENT) surgeons to assess the larynx. However, as FEES is an assessment to determine swallow safety, and not comment on the anatomy and physiology of the swallow, speech pathologists have now begun training in the role of endoscopist in order to be able to perform FEES assessments more independently, thus allowing increased numbers of patients to access this gold standard.

The use of endoscopy to assess pharyngeal and laryngeal function as part of swallowing assessment, as occurs in FEES, is a clinical practice that falls beyond the scope of the Competency-Based Occupational Standards (CBOS) for Speech Pathologists Entry Level (*ClinEdQ Allied Health Clinical Education Training Unit (AH CETU), Fibreoptic Endoscopic Evaluation of Swallowing (FEES) Competency Program 2012*). Therefore the technical aspects of FEES assessments (i.e. endoscopy) is considered extended scope of practice for speech pathologists (Speech Pathology Australia, 2007 – refer to Appendix 3) and requires specialised skills and training obtained through a formal competency training program.

Within Queensland Health, Speech Pathologists must attain formal FEES competency in accordance with the *ClinEdQ Allied Health Clinical Education Training Unit (AH CETU): Fibreoptic Endoscopic Evaluation of Swallowing (FEES) Competency Program* (refer to Appendix 4). This competency training program, which uses a clinical governance framework and credentialing process, includes the following components of assessment:

- Background knowledge: baseline knowledge and skills required prior to undertaking FEES training
- Procedural component: performing the examination
- Interpretation component: interpretation, evaluation and reporting of the examination
- Technical component: passing the endoscope

<b>Speech Pathology FEES Professional Development Framework</b>			
	<b>Pre-Competency</b>	<b>Developing/ Consolidating Competency</b>	<b>Experienced</b>
<b>Workshop 1 – Utilising FEES for Swallowing Evaluation: An Introduction to FEES</b>	✓		
<b>Workshop 2 – Utilising FEES: Working with FEES</b>		✓	✓

<b>(Advanced)</b>			
<b>Queensland Health FEES Reference Group / SIG</b>	✓	✓	✓
<b>ClinEdQ Allied Health Unit (AHCETU): Fibreoptic Endoscopic Evaluation of Swallowing (FEES) Competency Program</b>	✓	✓	✓
<b>Locally developed FEES competency programs</b>	✓	✓	✓
<b>Supervision / Supervised Practice for competency development and maintenance</b>		✓	✓
<b>Formal professional development relevant to dysphagia management and FEES, including intradepartmental sessions (e.g. journal club)</b>	✓	✓	✓
<b>Other support including work shadowing, informal networks and discussion groups where available</b>	✓	✓	✓

**Context:**

At <insert facility>, the speech pathology department <insert any previous service history with FEES>.

The *ClinEdQ Allied Health Clinical Education Training Unit (AHCETU): Fibreoptic Endoscopic Evaluation of Swallowing (FEES) Competency Program* project commenced in 2009, following state-wide identification of FEES as a priority area of need for clinical education and training. Sites were selected in 2009 to participate in a pilot to trial implementation of the competency program in the areas of procedural, interpretation and technical skill development for FEES. The initial pilot sites were The Townsville Hospital and the Gold Coast Hospital.

The competency program is now implemented across several hospital sites throughout Queensland including the Princess Alexandra Hospital, The Townsville Hospital, Cairns Base Hospital, Logan Hospital and Rockhampton Base Hospital. The PAH and the GCH clinics are led by speech pathologists completing the technical component (endoscopist role) for the FEES procedure independently. All clinics are supported by the ENT departments with ENT completing the technical component training. There are also a number of other Queensland health facilities currently investigating requirements for establishment of a FEES service.

At the <insert facility name>, competency training for FEES is only considered for ... <insert local details> on approval from the Director of Speech Pathology (or

equivalent). Currently there are <x> speech pathologists who have completed <insert competencies here>, with <x> additional speech pathologists undertaking competencies.

### **Issues:**

#### **Effect on other service areas:**

Traditionally, FEES assessment had been conducted jointly by the speech pathologist and ENT surgeon/specialist due to the recognition that endoscopy is an extended scope skill for speech pathologists. International trends and standards are shifting towards speech pathologists performing the endoscopic procedure independently which minimises demands on ENT surgeon/specialist time. The ability to utilise FEES for the complex dysphagia population has impact on reducing length of stay, improved clinical outcomes and due to increased accessibility, presents opportunities to partake in research with other areas.

#### **Risk Management**

FEES is considered a safe procedure when performed by skills operators in healthcare settings. Speech pathologists performing FEES must ensure that suitably qualified medical and nursing staff are immediately available to manage any adverse events should they occur (Speech Pathology Australia, 2007).

As FEES is an advanced scope of practice for speech pathology and involves an invasive procedure, explicit risk management strategies have been developed and should be applied for all FEES procedures undertaken within the <insert facility>. FEES clinicians undertaking assessments must be familiar with Speech Pathology <insert title of local work instructions / documents>.

The following risks are associated with undertaking FEES assessment:

- Laryngospasm – closure of the vocal cords which then prevents breathing
- Syncope collapse – including fainting, vasovagal syncope
- Epistaxis – nose bleeding
- Person-to-person and environment contamination

The FEES clinic risk management strategy is outlined below:

- All speech pathologists conducting FEES must have the appropriate competency and explicit approval to perform the procedure by the Director of Speech Pathology
- All FEES clinic speech pathologists must have appropriate emergency management and basic life support training, and working knowledge of risk management strategies for prevention and management of adverse events from *Risk Management Strategy at <enter facility name>*, part of the <enter facility name> Speech Pathology FEES Clinical Guidelines – refer to Appendix x).
- Informed consent must be obtained from patients.
- Patients must be appropriately identified prior to the procedure.
- Appropriate infection control and sterilisation standards must be applied.
- Comprehensive medical background and identification of each patient's risk factors must be considered and discussed with the referring team +/- ENT.
- During the FEES study there must be:
  - Access to the *Risk Management Strategy at <enter facility name>* for all FEES clinic speech pathologists
  - Access to nursing and medical support during all FEES procedures
  - Access to emergency medical equipment (e.g. CPR and suctioning equipment)

- All adverse events must be documented through the patient's medical record, Patient Incident Reporting (PRIME), FEES clinical report and the speech pathology service <enter facility name> FEES Adverse Events Register: <insert file path>.

### **Benefits:**

FEES is a more comprehensive and objective diagnostic procedure when compared to the standard bedside dysphagia assessment. FEES is advantageous for those features of swallowing that are unable to be assessed via videofluoroscopic methods, for example: anatomical and mucosal abnormalities, secretion management, sensory aspects of swallowing particularly in the radiation-oncology and head and neck cancer populations (Langmore, 2001). The tool also allows bedside instrumental assessment in all clinical areas including high dependence and ICU settings and with intubated patients, thereby improving access to instrumental dysphagia assessment. As a result FEES has emerged as an international gold standard in dysphagia assessment, particularly for the critical care setting and head and neck cancer populations. There is an increasing reliance of FEES in dysphagia clinical research particularly in the aforementioned populations.

### **Legal Implications/Legislative Issues**

Whilst there are not restrictions to FEES practice due to legislation, the following matters should be considered by speech pathologists performing and interpreting FEES:

- Adhere to the Speech Pathology Australia Code of Ethics (2000)
- Adhere to the code of conduct and all relevant policies and service guidelines of the employing body
- Ensure their employer /employing organisation is informed and satisfied with their credentials and standard of training before performing FEES
- Ensure the FEES procedure forms part of their position description
- Ensure employing bodies include within their protocols and policies the role of the speech pathologist in FEES
- Not undertake intervention that is outside their experience or expertise as a professional
- Not overstate their expertise
- Seek advice from senior speech pathologists and/or fellow professionals as appropriate
- Obtain the client and/or parent/guardian's consent to treatment prior to commencing instrumental evaluation
- Ensure the client and parent/guardian remain well informed of the assessment process and intervention program
- Remain up to date with professional developments
- Undertake and maintain all mandatory training
- Maintain accurate records
- Ensure that all advice given to the client, parent/guardian, professionals or staff is documented
- Maintain up to date documentation and report writing
- Ensure the client environment is safe
- Ensure there is adequate professional indemnity insurance cover

(Speech Pathology Australia, 2007)

### **Options (where necessary only)**

During the credentialing process there is the (short-term or long term) option for ENT to perform the nasendoscopy, whilst the speech pathologist performs the procedural and interpretation components of FEES, however this is not a

sustainable alternative to the speech pathologist performing the technical component.

### **Consultation**

Consultation with relevant stakeholders regarding the speech pathology service developing competency in FEES was undertaken in <insert year>.

At this time, it was agreed / not agreed that speech pathologists at <enter facility name>, undergoing their FEES competency, could receive training in the technical component of FEES.

The stakeholders consisted of:

- <insert relevant stakeholders including director of Speech pathology, ENT surgeons, nursing stakeholders, Allied Health Director (or equivalent), Specialist outpatient department, ...>

The Chair of Leaders in Speech Pathology (LISP) statewide advisory group was consulted <insert date> during early planning. Consideration of establishment of the FEES service has been in line with the "Decision Making Framework for the Introduction of FEES at a facility" document prepared by the Leaders in Speech Pathology group.

The <insert HHS> speech pathology strategic and operational Plan identifies FEES as a priority in increasing clinical instrumentation and technology to deliver evidence-based, high quality <tertiary level if relevant> speech pathology services.

### **Financial Considerations:**

EG. The speech pathology service currently runs a FEES clinic fortnightly/weekly at <enter facility name> with the support of the <enter location> Outpatient Department for access to ENT personnel.

There is specific / no specific funding allocated to the running of the FEES clinic. However, the introduction of the FEES clinic at <enter facility name> allows increased numbers of patients more timely access to gold standard instrumental assessments, as at the time FEES was introduced at <enter facility name>, the videofluoroscopy clinics were almost at capacity.

<Provide details on funding specific funding where applicable>

Equipment: initial purchase costs, ongoing maintenance costs and arrangements, access to equipment through ENT services (if relevant)

Personnel: competency development and maintenance, access to ENT and nursing personnel,

A FEES clinic that is speech pathology led, with the speech pathologist in the role of the endoscopist is financially beneficial as it allows the majority of each assessment to be performed without the ENT present, allowing optimal use of time, and more flexibility with patient numbers and length of assessments. This should improve NEST targets for ENT.

## **Implementation: (where necessary only)**

### **Attachments:**

Appendix 1: Protocol for FEES Service

Appendix 2: *Credentialing Application for Complex Clinical Practice (Fibreoptic Endoscopic Evaluation of Swallowing – FEES) for .....<insert staff member name>*

Appendix 3: Speech Pathology Australia (2007) Position Paper 'Fibreoptic Endoscopic Evaluation of Swallowing (FEES) An Advanced Practice for Speech Pathologists'

Appendix 4: ClinEdQ Allied Health Clinical Education Training Unit (AHCETU) (2012) Fibreoptic Endoscopic Evaluation of Swallowing (FEES) Competency Program

Appendix 5: Speech Pathology Service <insert Health Service or Facility> Area Description or work instruction: Fibreoptic Endoscopic Evaluation of Swallowing (FEES) clinic

Appendix 6: Speech Pathology Department Risk Management Strategy: FEES

Appendix 7: Queensland Health Leaders in Speech Pathology (LISP) Executive (2012) Decision Making Framework for the Introduction of FEES at a Facility

### **References**

ClinEdQ AHCETU (2012) Fibreoptic Endoscopic Evaluation of Swallowing (FEES) Competency Program

Langmore, SE. (2001). Endoscopic Evaluation and Treatment of Swallowing Disorders. New York, Thieme.

Speech Pathology Australia (2007). Position Paper: Fibreoptic Endoscopic Evaluation of Swallowing (FEES). An Advanced Practice for Speech Pathologists'.