

### **Project Title**

Introducing Group Communication and Swallowing Therapy in an inpatient rehabilitation setting - a pilot study

### **Project Lead and Members**

Project lead: Chang Huey Fang

Project members: Pamela Oh, Samantha Goh

### **Organisation(s) Involved**

Jurong Community Hospital

### **Healthcare Family Group Involved in this Project**

Allied Health

### **Applicable Specialty or Discipline**

Speech Therapy

### **Project Period**

Start date: October 2019

Completed date: December 2019

### **Aims**

To evaluate the feasibility of group therapy as an additional service delivery model to complement the existing ST services offered at JCH by Jan 2020.

### **Background**

See poster appended/ below

### **Methods**

See poster appended/ below

## **Results**

See poster appended/ below

## **Lessons Learnt**

- This pilot study provided STs with the opportunity to establish a group therapy workflow and to determine if there is a need for this service. Taken together, group therapy is a feasible service delivery model which the ST will be introducing in JCH, on top of the current individual therapy sessions being offered to patients.
- To ensure that group therapy at JCH is viable and beneficial to patients in the longer term, outcome measures in the form of patients' satisfaction and clinicians' feedback will be consistently monitored.

## **Conclusion**

See poster appended/ below

## **Project Category**

Care Continuum, Rehabilitative Care

Care & Process Redesign

Quality Improvement, Clinical Practice Improvement

## **Keywords**

Group Communication, Swallowing Therapy, Community Hospital

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# INTRODUCING GROUP COMMUNICATION AND SWALLOWING THERAPY IN AN INPATIENT REHABILITATION SETTING – A PILOT STUDY

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- SAFETY
- PRODUCTIVITY
- QUALITY
- COST
- PATIENT EXPERIENCE
- TEAMWORK
- COMMUNICATION

## Define Problem, Set Aim

### Problem/Opportunity for Improvement

In the literature, group therapy by Speech Therapists (STs) has been shown to be more cost-effective and beneficial in providing naturalistic communication opportunities for patients, encouraging generalisation of treatment gains and increasing psychosocial outcomes compared to individual therapy for certain patients (Elman, 2007; Kearns & Elman, 2001; Layfield et al., 2013).

At present, STs in Jurong Community Hospital (JCH), with the occasional assistance of Therapy Assistants (TAs), provide swallowing and communication therapy through 1:1 sessions (see Table 1 for DOWNTIME analysis). However, for certain groups of patients, there are benefits of providing group therapy to target their rehabilitation goals. In addition, group sessions have the potential to improve manpower and resource efficiency in a busy inpatient rehabilitation setting. Despite the potential benefits group therapy brings to patients and ST, there is currently no established workflow for ST therapy in a group setting in JCH.

The objectives of introducing this service are to:

- Improve patients' participation in rehabilitation
- Create opportunities for patients to practice therapy goals with others in a naturalistic environment
- Improve efficiency of the utilization of therapy devices for swallowing therapy

### Aim

To evaluate the feasibility of group therapy as an additional service delivery model to complement the existing ST services offered at JCH by Jan 2020.

Table 1: DOWNTIME analysis for the current 1:1 format

<b>Defects:</b>
- Patients in 1:1 sessions lack the opportunity to practise their communication goals with others in a more natural context.
- Some patients have reduced participation in 1:1 sessions.
<b>Overproduction:</b>
- STs have to repeatedly conduct similar therapy tasks for a few patients across different sessions instead of doing it once in a group.
<b>Waiting:</b>
- Patients are typically away in the gym with other therapists during several hours in the day, creating peak hours for STs to see patients.
<b>Non-utilisation of skills:</b>
- 1:1 setting does not allow other patients to act as unfamiliar communication partners who can provide natural feedback for patient's communication target.
<b>Transportation:</b> Nil
<b>Inventory:</b>
- Long waiting list for therapy devices during peak period when more patients are available. STs have to arrange to quickly pick up therapy device after a patient has finished therapy.
<b>Motion:</b> Nil
<b>Extra-processing:</b>
- Some independent patients or patients with caregivers only require minimal ST supervision to complete the therapy and thus do not need 1:1 setting.

## Test & Implement Changes

### CYCLE 1

<b>PLAN</b>	- Established workflow, completed logistics preparation - Identified patients who were suitable and would benefit from group therapy.
<b>DO</b>	- Between October and December 2019, 16 group therapy sessions were completed. Sessions could have overlapping objectives. - To gather patients' perspectives after each session, patients were asked for their preferred therapy format after each session (Figure 1). - To gather STs' perspectives on whether group sessions achieved the stated objectives, STs who ran the session were asked to complete a survey after each session (Figures 2 - 4). On average, STs agreed that sessions met the target objectives 83% of the time.
<b>STUDY</b>	- 91% of patients reported that they either preferred group format or had no preference. Hence, group sessions will likely not compromise on patient's satisfaction. - 59% of STs agreed that patients participated better in group therapy than individual therapy. - 100% of STs agreed that group therapy provided opportunities for patients to practise their communication therapy goals in a more functional context. This is an existing gap in our service delivery, and our pilot study has shown promising results that introducing group therapy can fill this need. - 92% of STs agreed that group setting allowed them to use therapy devices more efficiently. - Additional reflections by STs yielded potential benefits for patients. On a few occasions, patients were able to follow instructions better as other patients were present to model the exercises for them. On another occasion, the group session gave participants the chance to share their stroke experience, thus providing a supportive environment for patients during their recovery.
<b>ACT</b>	- It is feasible to introduce and run group therapy services in JCH. - Since workflow has been established from this pilot study, the department intends to adopt this practice and roll out group therapy as part of ST services offered at JCH.

## Establish Measures

1. Percentage of group sessions which were effective in achieving the above objectives.
2. As a balancing measure to ensure that group therapy does not compromise on patients' satisfaction, patients would be asked on their preferred therapy format – group, individual format or no preference. To keep percentage of patients who preferred individual sessions over group sessions to <20%.

## Analyse Problem

Prior to this study, there were no group therapy services offered by STs in JCH and NTFGH. This study intended to fill this gap to better meet the needs of our patients who can benefit from group therapy. The team came together to establish a workflow for group therapy to be done in the inpatient gym and the wards.

### Process map – Group therapy workflow

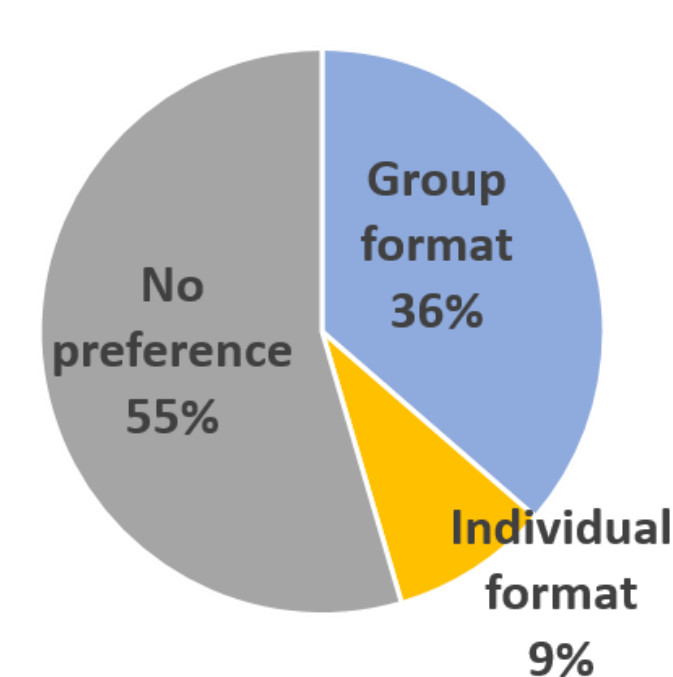
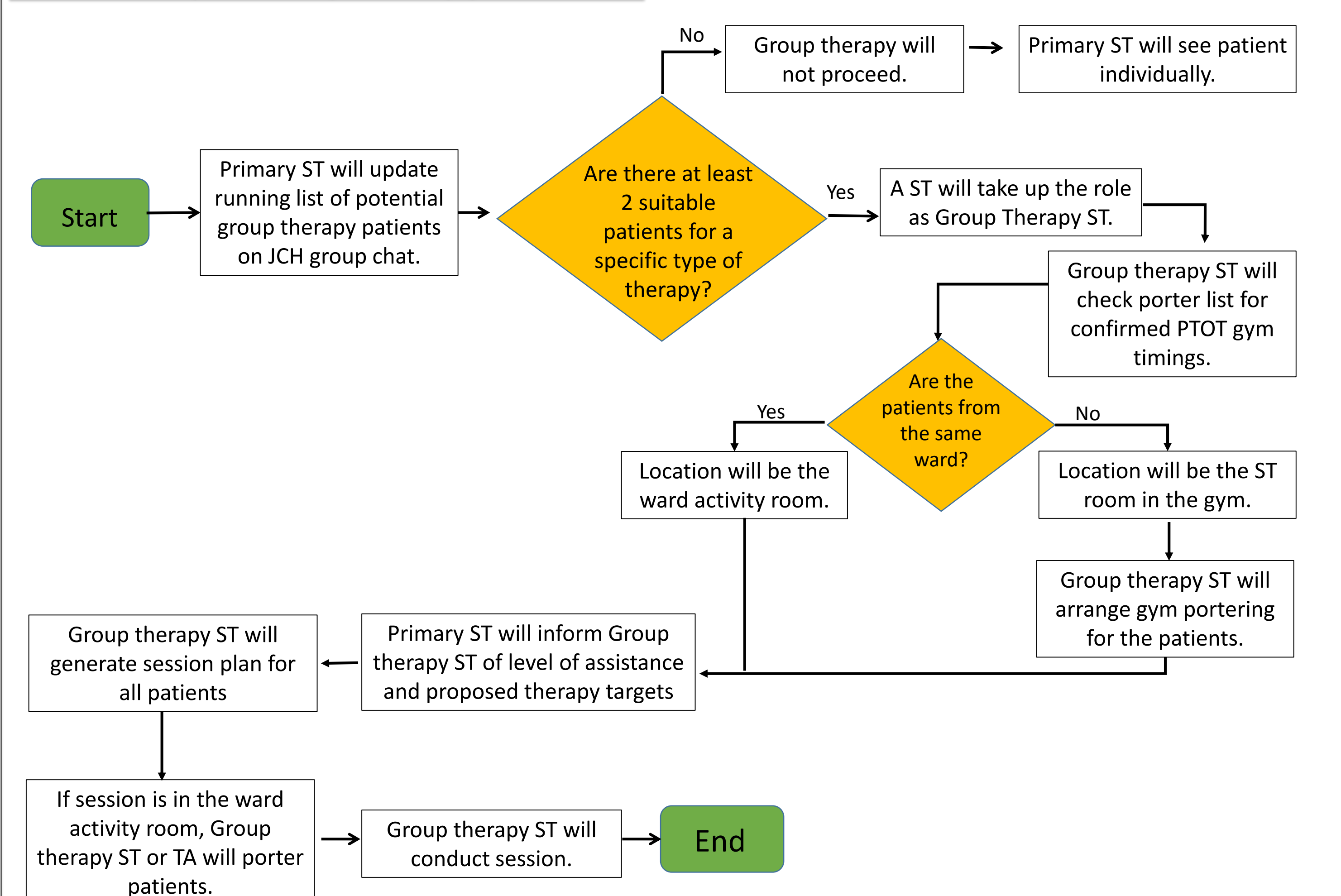


Figure 1: Patients' preference for therapy format (n = 11)

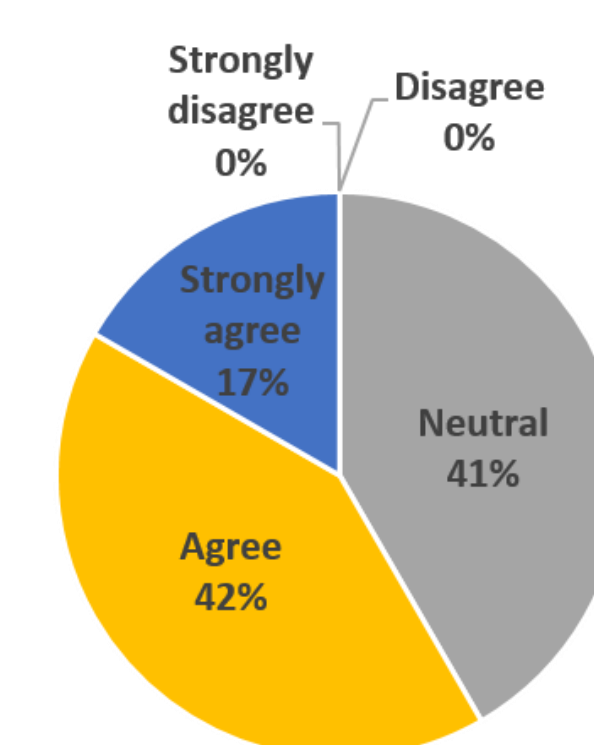


Figure 2: Survey completed by STs. 'Patients had better participation in group setting compared to individual setting' (n=7)

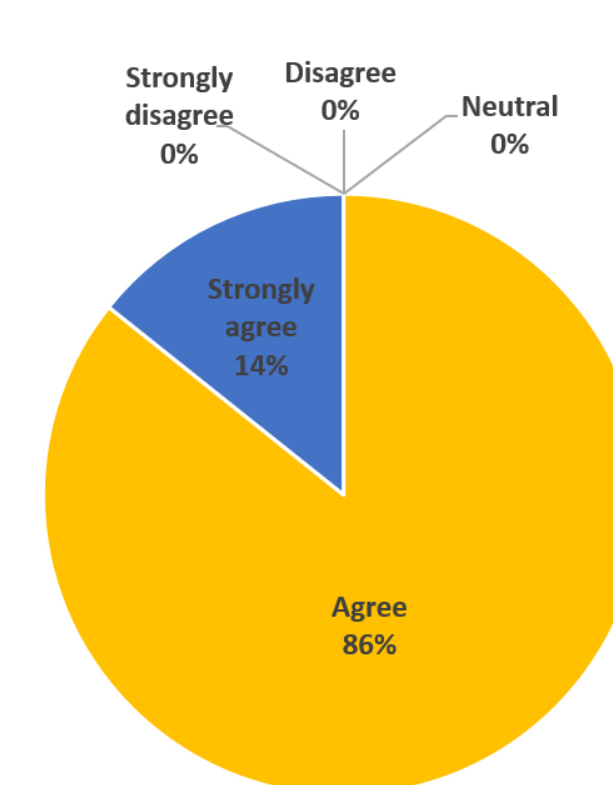


Figure 3: Survey completed by STs. 'Group therapy provided more opportunities for patients to practice therapy goals with others in a naturalistic environment' (n=12)

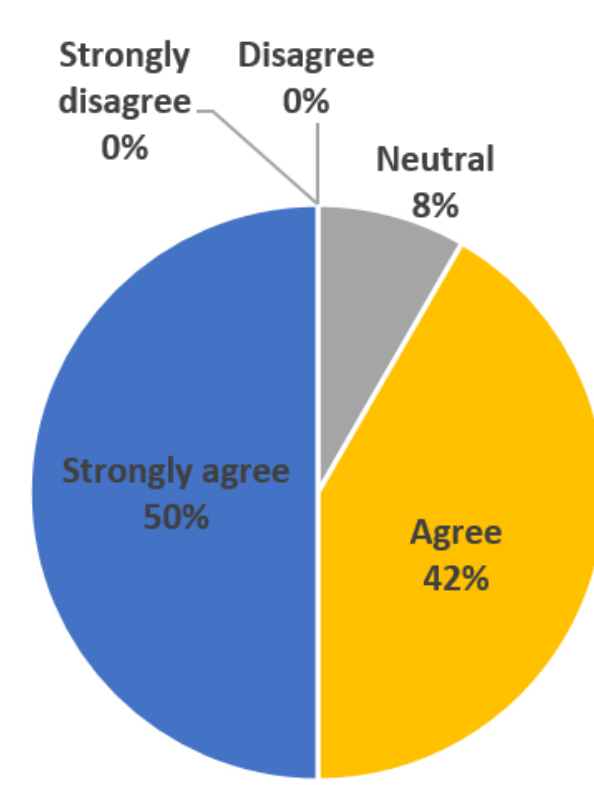


Figure 4: Survey completed by STs. 'Group therapy allowed me to use therapy devices more efficiently' (n=12)

## Spread Changes, Learning Points

- Not all patients are suitable for and will benefit from group therapy. However, for certain patients, our study showed that group therapy is effective in improving efficiency of resource utilization, allowing patients to practice communication goals with other patients and improving patients' participation in therapy.
- This pilot study provided STs with the opportunity to establish a group therapy workflow and to determine if there is a need for this service. Taken together, group therapy is a feasible service delivery model which the ST will be introducing in JCH, on top of the current individual therapy sessions being offered to patients.
- To ensure that group therapy at JCH is viable and beneficial to patients in the longer term, outcome measures in the form of patients' satisfaction and clinicians' feedback will be consistently monitored.
- Future directions involve the use of a QI model (such as root cause analysis, PDSA) to identify and implement solutions to problems encountered in the workflow. Results will then be used to guide further modifications to workflow.

### References

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