Aphasia management in an acute setting, what are we doing and why?

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Background Information

An analysis of the working practices of 86 therapists working in 55 different acute adult Speech and Language Therapy (SLT) services, suggested aphasia management could be subdivided into five main categories and twenty five associated subcategories (Bixley et al, 2011).

Assessment	Therapy
Assess informally	Provide a language therapy programme
Assess formally	Establish functional communication
Gather case history information	Provide accessible environment
Assess outcome	Work in groups
Provide screening assessment	Provide computer therapy
Assess mental capacity	Go on joint outings
Multidisciplinary team working (MDT)	Provide communication charts and low tech AAC
Write guidelines and MDT documentation	
Provide joint therapy sessions	
Attend discharge planning and MDT meetings	
Set goals	Support training and education (STE)
SLT administration	Support, train and educate the client
Plan discharge, liaise and refer onwards	Support, train and educate the family
Prioritise, plan and make resources	Instruct and supervise assistant practitioners
Write SLT notes, records and keep statistics	Support , train and educate the MDT

This poster presents the findings of a follow up study that was designed to find out: 1) If SLTs working in the acute sector agreed with this classification system 2) How much time they spent on these activities 3) Their reasons for providing the different types of SLT intervention.

Method

Twenty-two acute sector SLTs returned the questionnaire. On average they worked in departments with three members of staff providing 17 sessions of acute aphasia care per week. Other characteristics included:

Number of NHS Trust represented by therapists	14
Number of full time therapists	14
Number of split posts: acute and community	14
Number of departments employing one assistant practitioner	8
Number of SLTs with less than 5 years' experience (bands 5 &6)	11
Number of SLTs 5-10 years' experience (band 7)	7
Number of SLTs 10-20 years' experience (band 8)	4
Number of SLTs involved in service reorganisations	18

Results and Discussion

- All twenty two therapists confirmed the five categories and twenty five subcategories hypothesised in the original research.
- Therapists spent 43% of their time on aphasia management .
- 19/22 (86%) therapists wanted more time for aphasia therapy.
- Eight therapists were able to estimate the amount of time spent on each activity: assessment (32%), MDT working (27%), therapy (23%), SLT administration (13%) and support training and education (6%).
- Therapy rationales were collated and a grounded theme analysis identified a key rationale for each management choice. These were:

Assessments

- Rationale: "Establish a baseline, plan specific therapy interventions, determine functional communication strengths" Speech and Language Therapist 2 (SLT2)

Additional information

1. Words used to describe the reasons for assessment:
   diagnosis, therapy goal setting, therapy plans, capacity, MDT working, strategies, education
2. Assessment is an ongoing reflective process there is no specific procedure:
   basis for, develop, establish, estimate, focus, gain, guide, indicate, inform, make, plan, provide and suggest
3. Not all therapists assess in the acute phase, it is almost a belief system
   "I believe in formal assessment" SLT14
   "It does not benefit the patient to sit through formal assessments on a hospital ward" SLT6

MDT

- Rationale: "It is important to set joint goals and share information to provide client centered and holistic approach"SLT19

Additional information: SLTs are not always part of the team:

"No team work but work with others on an adhoc basis" SLT8
"Not part of the acute stroke team part of the acute SLT and community team"SLT13
"I work alone in my office" SLT14
"Insufficient staff to commit regularly" SLT21

Therapy

- Rationale: "It is what we do isn't it?" SLT2 "Core part of my role in rehabilitation" SLT 20

Additional information

1. Therapists enjoy the process of therapy:
   "My primary job is to provide therapy, I love it"
   "Main part of the job, most enjoyable part seeing improvement in impairment and functional communication" SLT 9
2. Impairment and living with aphasia therapy are both important:
   "Improve their language skills and live life to the full help carers family improve their communication skills" SLT11
   "It's what I consider the real part of my job working on impairment and strategies to compensate" SLT18
3. Barriers:
   "In hyper acute setting average length of stay is 7-10 days so primary focus is on assessment and discharge" SLT4
   "Often too acute for therapy and quickly to inpatient rehab" SLT15

Support train and educate

- Rationale: "Allows them to better understand what has happened to them and how they can help themselves allows them to cope with their family member's communication or swallowing difficulties better" SLT12
  "To educate others for benefit of patient to maximise their quality of life and interactions to make referrals to SLT more appropriate and enhance MDT working" SLT20

SLT Administration

- Rationale: "Requirement to comply with policies and procedures" SLT17

Additional information

1. Barriers:
   Insufficient admin support" SLT1 "No one else to do it" SLT7 "No admin support in our service" SLT11
2. Improves client care:
   "Important part of stroke working better outcomes for patients sharing information" SLT17

These rationales show interdependence, revealing the complex nature of aphasia management in the acute sector. This can be summarised as: