

DML Excellence Awards 2016 Report

Project No: 420 – Review of the Primary care speech and language therapy services; HSE CHO 6, Dublin South East

Address: Speech Language Therapy, PCCC, Dublin South East, Ballinteer Health Centre, Baggot Street Community Hospital, Leopardstown Primary Care Centre

Location: CHO Area 6

Brief Description (up to 200 words)

Over the past number of years the SLT team has been reviewing how we deliver our services and the types of intervention we offer in order to improve outcomes for children with speech, language and communication needs.

In 2012 there were some key drivers for change; including attendance at evidence – based practice seminars and solutions focused brief therapy training.

It was from these organic beginnings that a desire to bring about long term, across the board change to our service emerged. As the new knowledge was shared with our team we were eager to use the evidence and solution focused approach as the building blocks for a new service delivery and intervention model in CHO 6, Dublin South East. We took a formal and methodological approach to this task.

- We undertook a literature review to gather the clinical evidence for speech, language and other communication needs.
- We analysed all of the existing clinical pathways.
- We identified and liaised with all the stakeholders of our service
- We streamlined the referral process through triaging of clinics drop-in clinics and PHN training.
- We then devised new clinical pathways based on the pyramid Service Delivery Model including: Universal, Targeted and Specialised levels of service delivery.
- We implemented this new model and are continually reviewing efficacy of same.
- We are starting research project to explore the use of a solution focused approach in service delivery

Main goal(s) and aims of the Project

- To provide SLT support to children and young people, as needed, as early as possible to **maximise their ability to communicate** in their environment
- To **build knowledge, skills** and effective interactions of **parents**, practitioners, teachers and other professionals

- To promote **positive communication environments** for every child

These aims are in keeping with the HSE vision 'to enable people to live healthier and more fulfilled lives.

Outline of Approach – main steps taken to implement the Project

We took an action research approach to this project. This means doing research on your work practice. We continued working with our clients while we planned and implemented the changes there were no extra resources allocated to this project.

We used the HSE change model to structure the project which involves, Initiation, Planning, Implementation, Mainstreaming phases.

This model is not hierarchical as the change process should allow for movement back and forth between the stages as new information arises

1. Initiation stage

- We reviewed the literature looking specifically at evidence around intervention for different communication difficulties
- We had focused discussion – groups within our SLT team evaluating the current service
- We identified key people who would be impacted by the change (children, parents, teachers, other HSE professionals)
- The initiation – stage coincided with training in using a solution-focused approach which we felt really complemented the direction we wanted to move in

2. Planning stage:

- Our vision, our aims and the detail of our plan were set out in our 'change document'
- Our clinical pathways were devised and documented
- Targeted parent-coaching modules were drawn up
- Parent – coaching modules were time-tabled for a 12 month period and a system for allocating places to these groups was devised
- In order to communicate our proposed changes and receive feedback we organised a focus group for parents and contacted teachers in the form of written questionnaires

3. Implementation phase:

We implemented the new pathways as a pilot project between September 2013 and March 2014. This pilot phase was completed in March 2014 after which we reviewed and refined the clinical pathways.

4. Mainstreaming phase:

As we are implementing, we are continually monitoring and making changes as necessary. For example new coaching modules have been added to the pathways in response to tracking attendance at groups and reviewing feedback.