ABSTRACT: 2019 ELAM Institutional Action Project

Project Title: Hard to swallow: An integrated pediatric dysphagia service

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Collaborators and Mentors: Barb Bryne, DNSc, Diane Heatley, MD

Topic Category: Clinical

Background, Significance of project: The American Family Children's Hospital at UW Health in Madison, WI, is a comprehensive pediatric medical and surgical center that serves a large number of children in South Central Wisconsin and its regions. Speech language pathology (SLP) services have been dispersed throughout the system under different service lines and/or academic departments, producing discrepancies in services provided and subsequently confusion with referring providers, patients and their families. SLPs within the system have struggled and have not been empowered to work together as one professional group whereby minimizing their effectiveness in meeting the tripartite mission of UW Health.

Purpose/Objectives: To functionally integrate and improve the quality of pediatric swallow services provided across inpatient and ambulatory care providers. To consolidate clinical, education and research agendas to maximize organizational impact.

Methods/Approach/Evaluation Strategy: A SWAT analysis of the present services have been completed with key stakeholders. The next step is the formulation of a clear vision and achieving support and for the new vision amongst all persons in the organization. We will attempt to remove obstacles and encourage acceptance for those who are resistant to change. We will acknowledge small wins that are on the path to long term changes.

Outcomes/Results: Outcomes will be measured by the completion of a clear and sustained vision for pediatric swallow services. It will have support by key stakeholders. Integration of clinical, educational and research missions will be evident. We will have providers throughout the system who are working at similar levels of clinical competency. We will have clear pathways for continuity of care for our pediatric patients.

Discussion/Conclusion with Statement of Impact/Potential Impact: Successful implementation will lead to improved quality of care and patient access. Further, providers will be performing at the top of their license and experience improved satisfaction and an integrated service will garner confidence with referring providers.



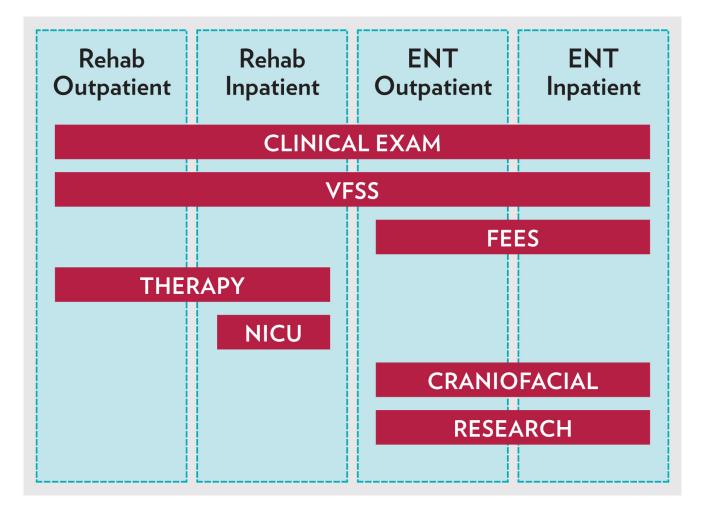
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Hard to swallow: An integrated pediatric dysphagia service

Department of Surgery • University of Wisconsin School of Medicine and Public Health Collaborators & Mentors: Barb Bryne, DNSc & Diane Heatley, MD American Family Children's Hospital, UW Health

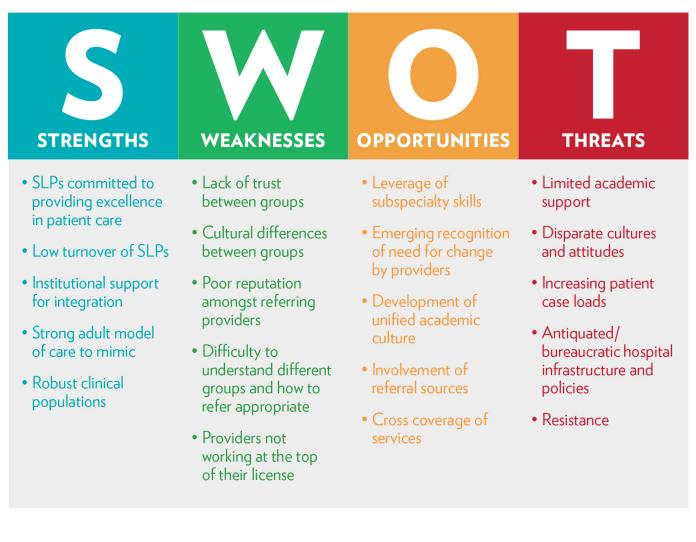
Significance

The American Family Children's Hospital at UW Health in Madison, WI, is a comprehensive pediatric medical & surgical center that serves a large number of children in South Central Wisconsin and its regions. Speech language pathology (SLP) services have been distributed throughout the system under different service lines and/or academic departments, producing incongruities in services provided, skill sets amongst providers with subsequent confusion amongst referring providers, patients and their families. SLPs within the system have struggled and have not been empowered to work together as one professional group whereby minimizing their effectiveness in meeting the tripartite mission of UW Health.



Purpose

To functionally integrate and improve the quality of pediatric swallow services provided across inpatient and ambulatory care providers. To consolidate clinical, education and research agenda to maximize organizational impact.



Methods

Key stakeholders were identified. SWAT analysis of the present services were completed with key stakeholders. The next step is the formulation of a clear vision and achieving support and for the new vision amongst all persons in the organization. We will attempt to remove obstacles and encourage acceptance for those who are resistant to change. We will acknowledge small wins that are on the path to long term changes.

Susan L. Thibeault, PhD, CCC/SLP

Short Term Initiatives

- 1. Development of all system EPIC flowsheets and clinical notes
- 2. Education of all providers to reach equivalent competencies
- 3. Pediatric Service Holiday Coverage
- 4. One all system CME opportunity

Long Term Initiatives

- 1. Development of multidisciplinary dysphagia clinic
- 2. Improved referral processes
- 3. Cross coverage of services
- 4. All systems educational and research/academic expectations for all providers
- 5. All system Clinical Fellowship Program

Institutional Impact

- 1. Improved quality and consistency of patient care
- 2. Enhanced patient access
- 3. Garnered confidence from referring providers
- 4. Increased SLP well being and career satisfaction

