

Influencing Evidence Based Neonatal Referral Patterns - What Can SLT Achieve without Dedicated Funding?

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Abstract

Purpose: To determine whether dedicated presence of specialist SLT on non-funded neonatal unit can influence improved evidence based referral patterns vs historical ad hoc responsive service.

Methods: x1 Band 7 SLT 0.4 WTE provided 4 week dedicated neonatal service. Specific referral criteria were implemented. Consultative SLT attendance at weekly MDT ward rounds and 1:1 therapeutic intervention for babies and families was provided. A direct comparison of referral patterns for average of 6 months before project (B) vs. during project (D) measured, a) Number of Referrals, b) Type of Referrals (Problem Based=PB; Preventative=Pr), and c) Gestational Age at Referral. Qualitative descriptions of MDT awareness of role of SLT and referral criteria were also made.

Results: a) Number of Referrals (B=1.5 vs. D=11), b) Type of Referrals (B PB=2, Pr=0 vs. D=PB=5, Pr=6), and c) Gestational Age at Referral (B=32-37 weeks vs. D=28-37weeks). Qualitative findings of MDT awareness showed a) variation in reason, timeliness and number of referrals within team of medics, b) willingness to listen to SLT regarding changes to who, why and when to refer, and c) effective use of nurse to nurse teaching to share feeding theory. Incidental finding of increased SLT team morale secondary to ability to provide evidence based neonatal care.

Conclusions: Provides local data demonstrating positive impact of dedicated neonatal SLT to improve and influence evidence based referral patterns for business case. Review of current ad hoc service provision in light of results by SLT team is being considered.

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