



Delivering personalised care in the Pandemic and Beyond...



- In Dec 2020 SLT team were in receipt of 12month Innovations Project funding from Wessex Cancer Alliance.
 - Project Proposal was to deliver an outreach service to vulnerable Head and Neck Cancer patients
- Reduce no of preoperative hospital visits
 - Reduce LOS by providing intensive community rehabilitation
 - To support patients' digital access and access to support.
 - To continue to deliver high quality PERSONALISED care during time of intense service pressures



Outreach Project



- Focus of project was to support patients undergoing total Laryngectomy which involves:
 - Removal of voice box
 - Separation of swallowing and airway
 - Breathing through hole in the neck
 - Speaking via a valve in the neck or other means
 - Readjustment to longterm anatomical changes



Why an Outreach service ?

Traditional model

- 2 to 3+ Preoperative Hospital appt
- Stay in Hospital 10 -16 days
- 2 to 3+ weekly hospital visits on d/c for up to 6 weeks
- On going Speaking valve changes at hospital clinic.

WCA Outreach project

- 1 Hospital visit to meet surgical team
- All other pre-op counselling, and preparation at patients' home
- Virtual meet up with another Patient expert for support
- LOS reduced to 8-10 days, intensive rehab delivered at home.



Out reach project Personalised care



- Preoperatively: Seeing how patient functions in their own environment more accurate gauge of support needs
- Engaging with relatives & carers
- Functional rehabilitation goals – aiming for what it really important to patient



Case history



- 72 year old gentleman keen motorbike rider
- Underwent total laryngectomy July 2021.
- Seen at home preoperatively x 3 by Outreach SLT
- Issues identified with social support, ability to manage own care
- Additional support from Community services put in pre op
- Hospital 12 days
- Intensive input 3 to 4 x weekly for 6 weeks to optimise airway, speech valve care, speech rehabilitation and return to eating and drinking
- Now back riding his motorbike safely with appropriate neck coverings



Other Outputs...



Development of patient focus group to develop patient held competency document, patient experience videos and Preparation for surgery document

Development of MDT Laryngectomy Care Pathway to coordinate care and offer timely discharge

What matters to me...

Spending
time with
family and
friends

Its
expensive
to get to
hospital

Being able to
talk and eat
again

Being able
to make
phone
calls

The stoma
and
Mucous

My house if
full of
equipment

Constant
coughing

Loss of
taste
and
smell

Self Care		Demonstrated/ Explained to patient	Completed with support	Independent
	I have sat out in the chair (from day 2)			
	I have equipment to clean my teeth. (from day 2)			
	I have mobilised around the ward. (from day 2/3)			
	I have had a shower, using shower bib and have been made aware of the risks of water entering the stoma when washing (from day 3/4)			
	I have been given an ATOS going home kit			
Communication	I know how to use call bell to call for help. (from day 1)			
	I can use the white board provided to aid communication. (from day 1)			

Stoma Care

I have been shown my stoma and have been provided with a mirror (from day 2)

I can suction my stoma (from day 2)

I understand how to clean and maintain my portable suction (from day 5/6)

I understand the need for regular nebulisers (from day 2)

I can set up my nebuliser (from day 4)

I know what to do if my nebuliser isn't misting (from day 5)

I am aware of the importance of keeping the stoma clear and why this is essential to clear and de-crust regularly. (from day 2/3)

I know the signs of a partially blocked stoma and what action to take

<u>Day 2</u> (Move to ward)	Stoma and valve care carried out by nursing staff. (Including de-crusting)	Nurse		
	Regular humidification as prescribed	Nurse		
	Laryngectomy tube (if present) removed, cleaned and replaced	Nurse		
	Bed head safety sign in place.	Nurse		
	Communication board provided	Nurse		
	Patient shown stoma and provided with mirror.	Nurse		
	Patient shown how to suction neck stoma and supported to start cleaning skin around stoma	Nurse		
	Observe for wound breakdown and alert team if concerns.	Nurse		
	Sit out/mobilise if appropriate	Nurse/ PT		
<u>Day 3</u>	Encourage independence with stoma and valve care. (Commence patient competency document)	Nurse/SLT		
<u>Day 3 cont.</u>	Encourage independence with cleaning and insertion of laryngectomy tube/button (competency document)	Nurse/SLT		

Laryngectomy Alert Device



Patient with custom made stoma appliance and alert device in use

Device for use with no HME in position



- Developing personalised equipment
- Several patients had dogs – unable to whistle or shout post laryngectomy
- This device was designed to allow you to cover stoma and attach to a whistle , also useful for alerting attention.

