

1. Has this been discussed with any specific home care agency/ies?

We have made contact with Andy Biffra (Adult Social Care Procurement & Market Management Lead) and if the bid is successful, we will be able to identify numbers of patients with dysphagia who are known to home care agencies. He has acknowledged that this project will target a known concern and is needed for this group of staff.

We have not yet made links with specific care home agencies and we do not currently have well established links with care agencies. This is one of the aims of the QI project, to connect with agencies and develop good links and preferred methods of communication, both for training and agreeing how we should share patient care plans to support management of dysphagia.

We have made contact with Age UK who have submitted a project bid that overlaps with the aims of the SLT project. If this bid reaches the next round, we will review our project plans to submit a joint plan/bid.

2. How will you approach delivering training in paid hours?

We are aware that a significant issue is reluctance to release agency staff for training. The project plan will be codesigned with agencies once the bid is successful to agree individually how we can facilitate learning without requiring significant release of staffing. Some learning can be 'on the job' through visiting patients that require support in managing their dysphagia.

By joining the Age UK project, we can further refine the project plan to ensure that we are delivering the correct training to the correct people joint with Age UK to minimise time required from the agency staff. We aim to support senior carers who can then disseminate information, using a train the trainer approach, and raise the profile of the importance of managing dysphagia. By working across agencies, messages that both projects aim to promote will be more likely to be shared and practice changed.

3. Do you have any ROI data from the care homes work that you have been doing?

Care home data for hospital admission due to aspiration (pneumonitis due to food and vomit)

	Pneumonitis due to food and vomit (highly likely due to dysphagia)	Unspecified pneumonia (could be linked to dysphagia)
2019 – 2020	10	58
2020 – 2021	4	21
2021 – 2022	5	23

Rates of admission with pneumonia in both columns have reduced but data for 2020 could be discounted due to complications caused by covid.

The reduction in rates from 2019-2020 and 2021-2022 could be multifactorial and we are unable to attribute this solely to provision of training to care home staff in managing dysphagia but this is likely to be a contributing factor.

According to literature, the mean cost hospital admission for patient with pneumonia is £3,904 (Campling et al, 2022). Salford Royal stipulate that an average bed day cost for an inpatient is £600 a day and research highlights that patients admitted with dysphagia can lead to higher costs associated with hospital care due to increased length of stay, increased medical input, increased allied health input and antibiotic treatment (Allen et al, 2020, Attrill et al, 2018).

Please see attached report for outcomes associated with care home dysphagia champions training.

Anticipated ROI for this project would include cost associated with hospital admissions as well as avoided GP visits and avoided treatment for chest infections and/or pneumonia. Part of the project would involve scoping out data collection to support this costing by following individual case studies.

References

Allen, J., Greene, M., Sabido, I., Stretton, M. & Miles, A. (2020). 'Economic costs of dysphagia among hospitalized patients.' *Laryngoscope*. 130(4), pp. 974-979. Available at: <https://doi.org/10.1002/lary.28194>

Attrill, S., White, S., Murray, J., Hammond, S. & Doeltgen, S. (2018). 'Impact of oropharyngeal dysphagia on healthcare cost and length of stay in hospital: a systematic review.' *BMC Health Serv Res*. 18(1), pp. 594. Available at: <https://doi.org/10.1186/s12913-018-3376-3>

Campling, J., Wright, H. F., Hall, G. C., Mugwagwa, T., Vyse, A., Mendes, D., Slack, M. P. E., & Ellsbury G. F. (2022) Hospitalization costs of adult community-acquired pneumonia in England, *Journal of Medical Economics*, 25:1, 912-918, Available at: <https://doi.org/10.1080/13696998.2022.2090734>