

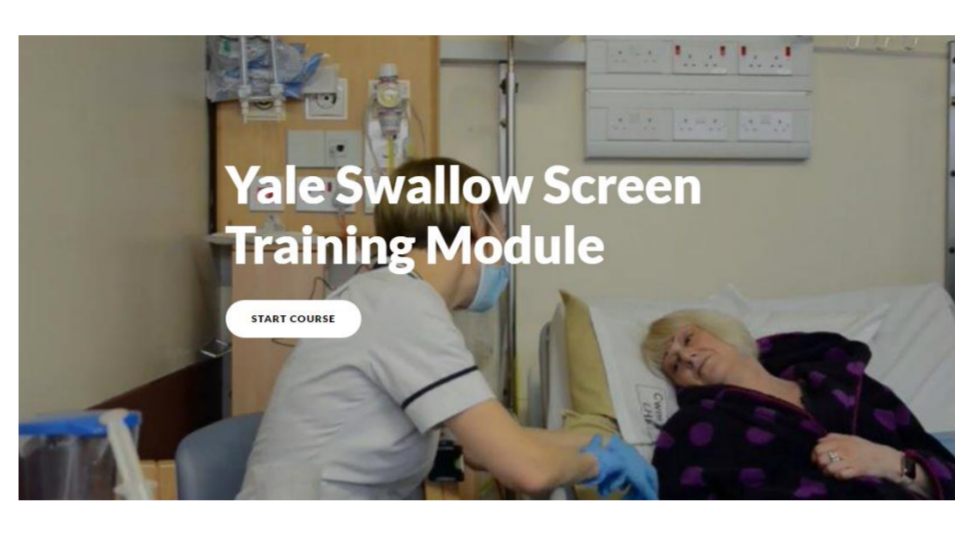
The creation and implementation of an ALL WALES Swallow Screening Tool & Training package

Context and Problem

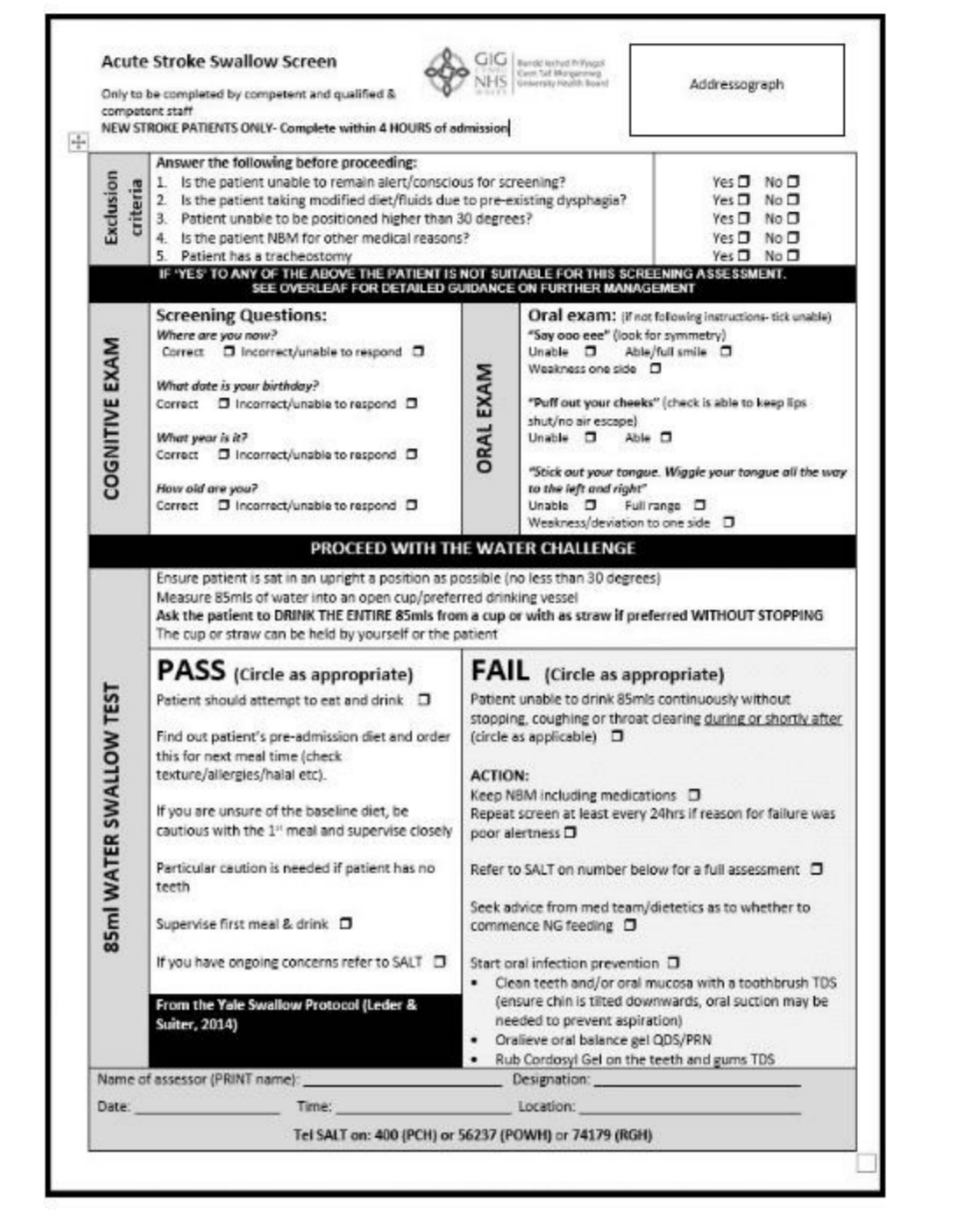
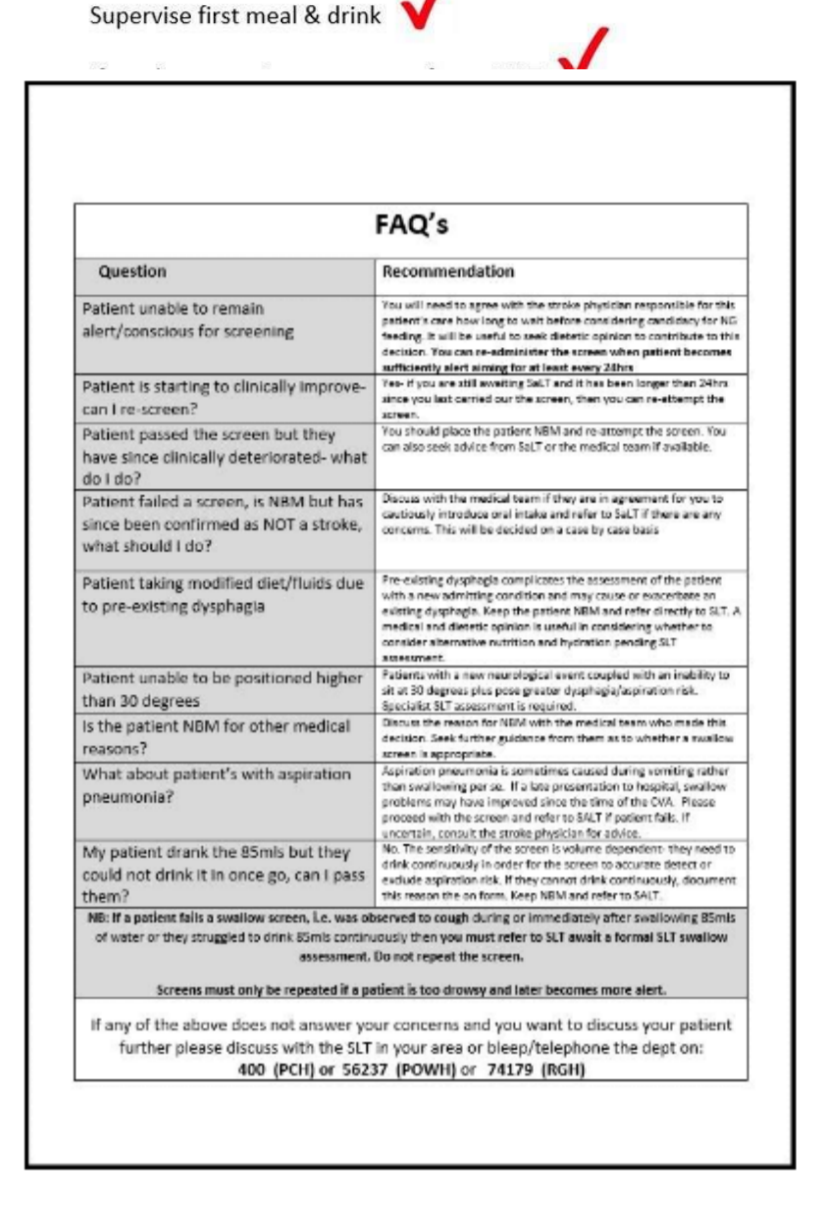
- **‘Patients with acute stroke should have their swallowing screened, using a validated screening tool, by a trained healthcare professional within four hours of arrival at hospital and before being given any oral food, fluid or medication’** (RCP, 2016)
- Longstanding need & appetite within Welsh Speech and Language Therapy (SLT) services to move towards **one single swallow screen** for use across all health boards (HBs) in Wales
- 6/7 of our HBs in Wales have an acute stroke service and all collaborated to materialise this goal.
- There is a need to ensure the selected tool has a wide evidence base.
- **The Yale Swallow Screen** (Leder & Suiter, 2014) tool has good reusability across disciplines - good (98.01%) inter rater agreement amongst SLTs and RGNs (registered nursing staff) performing the Yale screen.
- Half of our HBs - Cardiff, Aneurin Bevan (AB) and Cwm Taf Morgannwg (CTM) have switched to adoption of the Yale over recent years, with CTM & AB producing local e-learning modules.
- As an All Wales team of SLTs, we have now developed **ONE e-learning (ESR) module** and a single practical training package for replicable use across all health boards in Wales

What does this change look like?

Prior to face to face training session, registered nursing (RGN) staff will log onto e-learning and achieve an 80% pass of the online training module. This module covers both the theory of swallow screening and takes the learner through multiple real - life scenarios and how to manage and document these.



PASS (Circle as appropriate)
 Patient should attempt to eat and drink ✓
 Find out patient's pre-admission diet and order this for next meal time (check texture/consistency/food etc.) ✓
 If you are unsure of the baseline diet, be cautious with the 1st meal and supervise closely ✓
 Particular caution is needed if patient has no teeth ✓
 Supervise first meal & drink ✓

FAQ's

The Yale tool is easy to follow and has FAQ's on the reverse for common queries.

Strategy for Change

- All 6 HBs met in March 2024 to review the training packages & pathways for training/administrating swallow screening across Wales.
- ✓ We agreed to refine & combine the CTM and the AB e-learning modules into one combined All Wales training tool.
 - ✓ The 3 outstanding SLT health board teams are initiating negotiations with their key stakeholders now the **e-learning module and training package is ready for circulation**.
 - ✓ Our CTM & AB SLTs worked with the Digital & Workforce Productivity Team to finalise the All Wales e-learning training module.
 - ✓ Feedback and approval was sought from our All Wales SLT colleagues
 - ✓ The training protocol and resources have been updated and circulated within SLT and are **ready for use**.

The aim is for all relevant Clinical Nurse Specialists (CNS), Stroke, Emergency Department) ED and (Acute Medical Admissions Unit (AM) staff to be trained by SLT to carry out the Yale. Some health boards may adopt a **train the trainer model**. The face to face training takes approx. 40mins maximum, depending on the size of the group.

Face to face training comprises:

1. Pre-training knowledge check
2. Written scenarios
3. Role play scenarios
4. Post-training knowledge check

NB: ‘Live’ on the spot training has proven too onerous/logistically challenging to achieve in a tight timeframe.

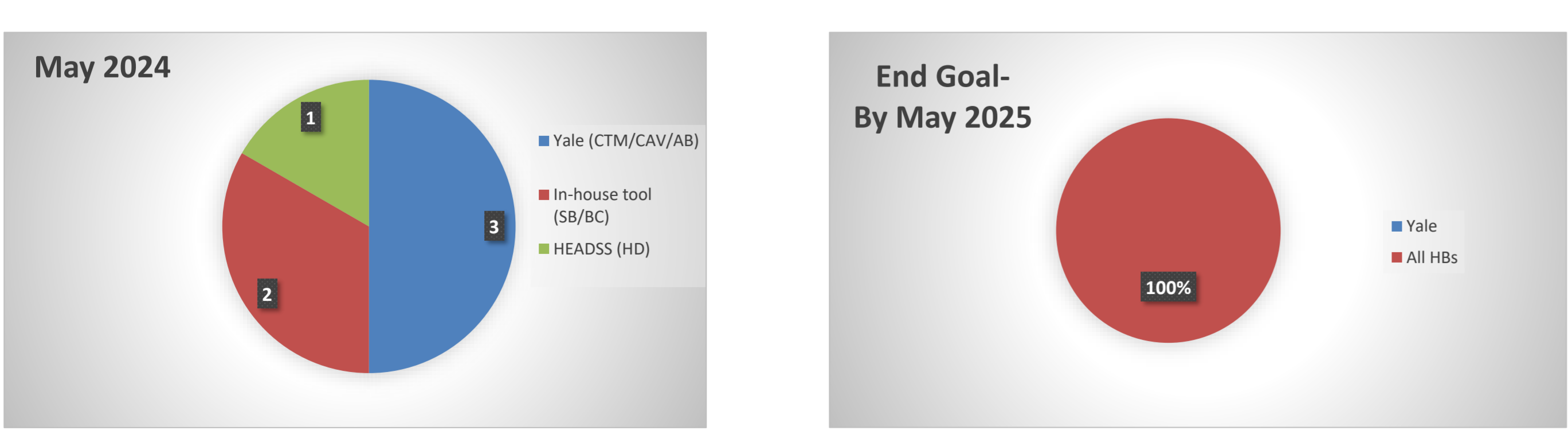
Effects of Changes

“This piece of work has been well thought through with consultation across Wales throughout the development to ensure it meets the needs of all the health services. This project has been a great example of how a collaborative piece of work can be done Nationally!” (CAV SLT)

“It has been great working on this project as ‘One Wales’. Working collaboratively reduces duplication of work across Health Boards, draws on the skills and experience from multiple areas and will ensure parity on the expectations of swallow screening and training for nursing staff going forward” (SB SLT)

Measurement of Improvement

- Our end goal is for all 6 Acute Stroke services to use the **SAME swallow screen** and the **SAME training package** for registered nursing staff. As it stands, the current picture of swallow screen tools used across Wales is as follows:



- Having a standardised screen across the nation will greatly improve the ability to compare like for like in terms of SSNAP 4hr target data.

Lessons Learned

In the infancy stages of roll out in each HB, it will be important to **monitor e-learning training compliance**, with the assistance of local learning & development teams. For a defined period, it will be necessary to have 2 screens in use, whilst the **old tool is gradually phased out**. SSNAP 4hr swallow screening targets need to be monitored but bear in mind that data will be hard to fully analyse until all use of previous tools have been discontinued. In CTM, we have registered **quarterly audits** to monitor if the Yale screen has been completed correctly and the appropriate pathway followed. Where pathway breaches were identified, a common cause attributed was untrained medics carrying out the screen - these have been highlighted as DATIX incidents to ensure there is shared learning that **only trained staff** must utilise the new Yale tool (medics are welcome to train, but have chosen not to in CTM).

References:

1. Intercollegiate Stroke Working Party. National clinical guideline for stroke, 5th edn. London: Royal College of Physicians, 2016. [Google Scholar](#)
2. Leder, SB and Suiter DM, 2014. The Yale Swallow Protocol. An evidence-Based Approach to Decision Making. Switzerland: Springer.