Clinic Service Review for Speech and Language-Delayed Children with Cleft Palate

Background

- Approximately 80-100 babies are born in Victoria each year with a cleft palate
- Children with a history of cleft are at increased risk of speech and language delay/difficulties (40%) and Velo-Pharyngeal Insufficiency (<25%) (Kummer, 2008)
- Prevention of cleft type speech characteristics is critical in improving speech outcomes by school age
- Provision of cleft specific education is an important part of supporting early speech and language development
- Communication and Symbolic Behaviour Scales (CSBS) screener questionnaire sent for all children with a history of cleft palate at 18 months old
    - Children who fail the screener questionnaire are offered a follow up assessment appointment at RCH

Needs Analysis

- Previous service model provided individual appointments, booked by clinician, often not able to be seen until age 2
- 90-100% of children who attended assessment would be referred to local speech therapy - confirming validity of CSBS screener in identifying need for intervention
- Education provided at RCH regarding speech and language development in cleft was variable
- Substantial clinician time spent per patient (~100 minutes per client)
- Identified need to provide consistent and time efficient service, therefore a service review was conducted

Aims of the Clinic Service Review

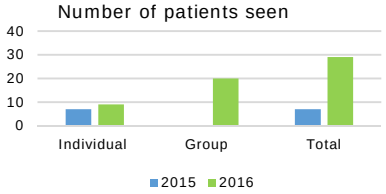
- Ensure timely access to services, if required, prior to routine 3 year old review in cleft clinic
- Identify children who are able to be supported within the RCH service through regular review without referring to local services
- Provide standardised education for parents via e-health/written information
- Increased time efficiency of group assessment format compared to individual appointments

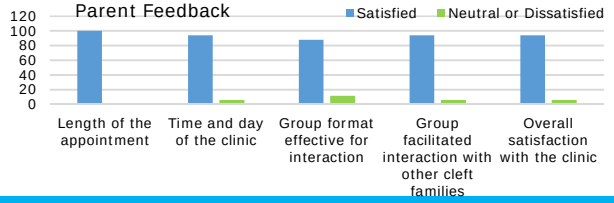
Clinic structure and trial period

- 6 month trial completed from February-July 2016
- Group assessment and education model
    - Provides family engagement with other children with the same condition
    - 3 children per group
    - 1 Speech Pathologist (SP) and 1 Allied Health Assistant (AHA)
    - Cleft Early Speech Screener (Hardin-Jones, Chapman & Scherer, 2006)
- Clinic routinely scheduled compared to booking ad hoc appointment slots
- AHA scores returned screeners and discusses with SP
- AHA completed follow up phone calls for non-returned questionnaires
- Standardised written education provided to parents during the appointment
- Individual appointments offered to children whose needs/risks have been identified to go beyond scope of standard cleft management eg. requiring interpreter, diagnosed syndrome or global developmental delay

Results

- Data obtained from clinic statistics, follow up plans and parent questionnaire - comparison of same time period the previous year
- 70% of questionnaires sent were returned and 48% of children who returned the screener questionnaire failed
- Age of the child at the time of the appointment
    - No change - likely due to backlog of referrals with change of staffing
- Standardised education:
    - 88% of parents were satisfied with the education provided in the session
    - One webinar session was completed during the trial period however has not yet been developed for use with all parents of children with a cleft palate
- Follow up plans:
    - 95% of children who failed the screener questionnaire and attended an appointment at RCH needed further follow up prior to 3 year cleft clinic
    - 53% of these required referral to local SP services
    - 42% were scheduled for 6 month review at RCH
- Time efficiency: 200% increase in time efficiency per client (50 minutes for group appointment versus 100 minutes for individual)





Future Directions

- Trial webinar education for all parents of children with cleft palate
- Further engagement with local services to ensure needs of children are met in the most appropriate way
- Local SP referral at time of failing screener may reduce need for appointments
- Audit of 3 and 5 year old cleft clinic outcomes regarding speech and language

Significance of findings

- Review of service delivery models, including in tertiary care, can result in improved utilisation of clinic resources, parent satisfaction and increased time efficiency for clinicians
- The results also reinforced the importance of early identification and service access for children at risk for communication delays

References

Hardin-Jones, M. A., Chapman, K. L, & Scherer, N. J. (2006, June). Early intervention in children with cleft palate. The ASHA Leader , 11, 8–9

Kummer, A. (2008). Cleft Palate and Craniofacial Anomalies; Effects on speech and resonance. Delmar Cengage learning.

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