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Spotlight on...

The COVID-19 silver lining for speech and language therapists working in intensive care units

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Abstract. The COVID-19 pandemic has been a dark cloud for all, but particularly for healthcare workers. However, despite the many challenges and stresses faced, speech and language therapists working in intensive care units in the UK have found a silver lining. This "*Spotlight on: The COVID-19 silver lining for speech and language therapists*" outlines some of these positive outcomes including: the increased recognition of the SLT role, increased visibility, improved services, increased productivity, and a promising future. By recognising and celebrating some of the positive developments made during the pandemic we can continue to work to ensure equity of provision for all patients in intensive care.

Keywords: Speech therapy, critical care, professional role, workforce, coronavirus

1. Introduction

The findings of our pre-COVID-19 pandemic national survey conducted in 2019 – *Speech and language therapy service provision to UK intensive care units: a national survey* (Mills et al., Manuscript submitted for publication) – were stark. Three quarters of services ($n = 49/64$) received no funding from their intensive care units (ICUs) for speech and language therapy (SLT) staffing, and most reported inadequate SLT service provision for communication ($n = 56/64$, 88%), swallowing ($n = 54/64$, 84%), and tracheostomy ($n = 57/64$, 89%). However, for speech and language therapists in ICUs the dark cloud of COVID-19 has come with a silver lining. This 'Spotlight on" will discuss some of the positive outcomes for speech and language therapists working in ICU.

2. Increased recognition of the SLT role

Throughout the pandemic there has been an increasing need for SLT expertise in ICU as a large proportion of patients with COVID-19 suffer

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acute laryngeal complications (McGrath, Wallace, & Goswamy, 2020; Naunheim et al., 2020). These are likely due to a combination of factors including: direct effects of the virus, prolonged intubation, proning, tracheostomy, and acute airway complications (McGrath, Wallace, et al., 2020; Naunheim et al., 2020; Vergara et al., 2020). The SLT role in providing assessment and rehabilitation for dysphonia, dysphagia and tracheostomy weaning can help to improve patient outcomes and quality of life (McRae, Montgomery, Garstang, & Cleary, 2020; Newman et al., 2022). COVID-19 has created a focus on these issues for the multi-disciplinary team (MDT) with a consequent increased recognition of the SLT role. Furthermore, national UK media has helped to improve the public's understanding of the role of SLT in ICU.

3. Increased visibility

Across the UK, speech and language therapists have stepped-up to support their ICUs both with provision of their usual services for communication and dysphagia, and to support with other tasks. These tasks/roles have included: health care support worker, nursing assistant, unit runners, proning teams, oral care, supporting virtual communication with family, and passing nasogastric tubes. This proactive approach, even in services without ICU-specific funding, has increased the visibility of speech and language therapists and showcased the value of our role. This has enabled some services with limited in-reach to their ICUs to improve working relationships and highlight the need for consistent SLT integration into the MDT.

4. Improved services

In order to capture the impact of COVID-19 on SLT ICU service provision during the first wave of the pandemic the Royal College of Speech and Language Therapists Tracheostomy Clinical Excellence Network (RCSLT Trache CEN) committee conducted a short online survey from 30 June to 10 July 2020. The survey was distributed via the RCSLT Trache CEN mailing list and via social media. We requested one be completed for each paediatric and adult ICU service. The six-question survey included topics such as: type of service (adult or paediatric), impact of COVID-19, staffing levels, and SLT recognition. All questions were closed, but there was space for respondents to leave free text comments at the end of the survey. The survey revealed that SLT staffing levels had improved in 19% of services ($n = 14/77$). Various reasons were given for improved staffing levels, with the most common being increased SLT staff support from other areas ($n = 9/14$; 64%), and increased recognition from the ICU team ($n = 8/14$; 57%). Recognition of the role of SLT during the pandemic had improved in half of services ($n = 39/77$; 51%). Respondents reported various positive aspects of COVID-19 including:

> "... there is greater recognition of our role and more willingness to engage about funding for SLT within ICU."
>
> "I have letters of support from MDT, nursing and consultant colleagues (to support strategic discussions about funding)"
>
> "Able to increase ICU team awareness of SLT role in weaning and swallow assessment. SLT were key members of the tracheostomy MDT to support patient flow out of ICU onto wards ... and support capacity."
>
> "The response from ICU nursing has been really positive and I feel that they see us more as a part of the team. We have been a presence on the ward, assessing covid patients and I feel this has afforded us a little more respect ... It's feeling more positive!"

5. Increased collaborations and guidance development

An incredible amount of work has been done by SLT experts, including the authors of this piece, over the duration of the pandemic. SLT specialist advisors in intensive care working with the RCSLT COVID-19 Advisory Group and the RCSLT Trache CEN led a national drive to upskill the SLT workforce with the necessary knowledge and skills required to work in ICU. This included collating and sharing training resources, developing a critical care competency framework, and presenting bi-monthly free webinars (with 1277 live views and 3766 YouTube views as of 30th August 2022) ("RCSLT Trache CEN – YouTube," 2020). The RCSLT Trache CEN membership increased from 370 in March 2020 to 503 in January 2021 as a result of this work and increase in tracheostomy caseloads. Experts

also initiated a national database project with the RCSLT to collect ICU SLT outcome data for patients with COVID-19 to help understand clinical issues and inform practice ("RCSLT Covid-19 Data Collection Tool," 2020). National RCSLT Flexible Endoscopic Evaluation of Swallowing (FEES) guidance enabled safe resumption of SLT-led nasendoscopy services that were paused early in the pandemic for risk mitigation purposes ("RCSLT Guidance: Speech and Language Therapist-Led Endoscopic Procedures in the COVID-19 Pandemic," 2020). SLT experts have also been closely involved with NHS England initiatives throughout the pandemic including planning workforce for the Nightingale hospitals and COVID-19 rehabilitation. ICU SLT experts, including the authors, have been key contributors to the RCSLT COVID-19 Advisory Group addressing issues such as access to personal protective equipment (PPE) in particular for swallowing assessments. Thanks to the support of the Intensive Care Society (ICS), speech and language therapists, including the authors, have increased their involvement within national ICU initiatives including representation on Council, the Allied Health Professional (AHP) Professional Advisory Group, and contributing to the National Rehabilitation Collaborative. The latter have developed guidance, a Rehabilitation Framework and the PICUPS tool (National Post-Intensive Care Rehabilitation Collaborative, 2020; Puthucheary et al., 2021; Turner-Stokes et al., 2022). They have also collaborated on a webinar and infographic information for the Royal College of General Practitioners, and participated in the ICS future workstream focus groups ("Intensive Care 2020 and Beyond: Co-Developing the Future," 2020). SLT ICU experts, including one of the authors, have joined forces with national and international colleagues producing rapid guidelines and sharing their clinical data widely via joint publications, with the UK truly leading the way (McGrath, Ashby, et al., 2020; Zaga Charissa J. et al., 2020).

6. A promising future

Despite the waning numbers of patients with COVID-19 requiring ICU care, there is ongoing need for SLT provision for many ICU patients. COVID-19 has focused attention on the critical care aspect of patients' hospital journeys and the important role of early SLT to optimise rehabilitation and recovery. This positive outcome appears to be enduring and the future for speech and language therapists working in ICU looks very promising and opportunities for speech and language therapists are burgeoning. However, there is clearly more work to be done to ensure that all ICUs in the UK have equitable and appropriate levels of staffing to enable optimal patient recovery and quality of life within and post-ICU. Ensuring speech and language therapists working in ICU have the required specialist skills is also a key priority. Projects focusing on this include one of the authors, with a group of other experts, conducting a national survey of the impact of COVID-19 on access to skill-based competency training for FEES and publishing training guidelines (Robinson, Coffey, & Wallace, 2021). In addition, the ICS, the Faculty of Intensive Care Medicine, and the RCSLT have endorsed an SLT Pillar of the AHP Professional Development Framework for ICU. SLT experts, including two of the authors, are also on the core group of the UK AHP ICU workforce project, and are publishing evidence and consensus on the roles and staffing of AHPs in ICU. These findings will provide up-to-date information for comparison with our SLT survey from 2019. Clinical experts, including one of the authors, are also continuing to work closely with the RCSLT Chief Executive Officer to evaluate workforce solutions, and liaising with NHS and AHP leads.

7. Conclusions

COVID-19 has been a dark period for many in the UK and internationally, however, there have been many benefits for speech and language therapists working in ICUs in the UK. We acknowledge that there is still a way to go but many barriers have been broken down and by continuing to work together with MDT colleagues and professional bodies, the positive outcomes from SLT developments made during working in COVID-19 times can continue to be harnessed ensuring equity of provision for all patients in ICU.

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Conflict of interest

The authors have no conflicts of interest to declare.

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