

BENEFIT OF A COMMUNICATIONDISORDERS ASSISTANT ON AN ACUTE STROKE UNIT... 2 YEARS LATER

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Background:

Communication Disorders Assistants (CDA) are becoming more widely used within healthcare organizations. CDAs offer supportive roles to Speech-Language Pathologists (SLPs) and Audiologists. In 2015, the SLPs working within the Integrated Stroke Program in Hamilton, Ontario proposed management consider hiring a CDA on the acute care stroke program to support and to decrease gaps.



Purpose:

CDAs are more widely used within healthcare organizations, as they offer an array of supportive roles to SLP and Audiology clinicians  
(Retrieved from the Communication Disorders Assistant Association of Canada website: <http://www.cdaac.ca>).

Working within their scope of practice, under the direction of an SLP or Audiologist, CDAs play a key role in providing care for those experiencing communicative and cognitive disorders.

Anticipated benefits included:


- Improve ability to meet Stroke Best Practice Guidelines for communication and dysphagia
- Commence therapy for those patients awaiting a bed in rehab
- Increase education to patients and families

- The primary purposes of the CDA in acute stroke:
- Support the SLP by offering more time to focus on communication screens in an effort to help meet Best Practice Standards for communication and dysphagia.
  - Commence therapy with patients awaiting a bed in a rehabilitation program
  - Provide education or home programming for mild impairments prior to discharge (e.g., oral motor exercises), or may require active short stay intervention.
  - Allowing for patients requiring a short stay of rehab (5 days) to remain on the same unit
  - Facilitate equal communication access for people with aphasia within the programs and Units served by the CDA.
- Please refer to legislation about right to equal access for people with aphasia and the benefit of having a CDA to help facilitate creation and use of communication aids for supporting communication – refer to Accessibility for Ontarians with Disabilities Act (AODA 2005) and the Ontarians with Disabilities Act (ODA 2001).*

**Success!** Two years later, the benefit of the role has been many! Stroke patients have their communication abilities screened in a timely manner, education for patients and families, therapy at the bedside in acute care can occur and so on and so forth.



Areas of Improvement:

Therapy	Best Practice Standards	Education						
<p>CDA provides and or initiates therapy with patients while on the acute stroke unit when possible.</p> 	<p>Prior to the implementation of a CDA in the acute care setting, Stroke Best Practice Guidelines for communication were unable to be met and timely reassessments for swallowing lagged.</p> <div><p>Snap shot % of stroke patients seen by CDA: nb- CDA works 3 of the 5 scheduled days</p><table><tr><th>April 2016</th><th>May 2016</th><th>June 2016</th></tr><tr><td>68%</td><td>66%</td><td>100%</td></tr></table></div>	April 2016	May 2016	June 2016	68%	66%	100%	<p>Adding a CDA has:</p> <ul style="list-style-type: none"><li>✓ Increased the # of communication screens completed and the frequency of education relating to speech and language provided</li><li>✓ Patient education by SLP and/or CDA increased</li><li>✓ Timely SLP reassessments for dysphagia are possible</li></ul> <p>NB: Improved ability to complete communication screenings, has resulted in the ability to provide verbal and functional education to patient, staff and family as well as to provide written education for perusal.</p>
April 2016	May 2016	June 2016						
68%	66%	100%						

**Conclusion:** CDAs can be more widely used within healthcare organizations. CDAs offer an array of supportive roles to SLPs. In our experience, the addition of a CDA 3 out of 7 days per week has lead to more timely communication screens, educating patients, their caregivers and staff, and perhaps the most important is the prompt start of speech therapy as directed by the SLP.