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

5

6 **Abstract**

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

16

17 **Introduction**

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

26 some of the positive outcomes for speech and language therapists working in ICU.

27 **Increased recognition of the SLT role**

28 Throughout the pandemic there has been an increasing need for SLT expertise in ICU as
29 a large proportion of patients with COVID-19 suffer acute laryngeal complications
30 (McGrath, Wallace, & Goswamy, 2020; Naunheim et al., 2020). These are likely due to
31 a combination of factors including: direct effects of the virus, prolonged intubation,
32 proning, tracheostomy, and acute airway complications (McGrath, Wallace, et al., 2020;
33 Naunheim et al., 2020; Vergara et al., 2020). The SLT role in providing assessment and
34 rehabilitation for dysphonia, dysphagia and tracheostomy weaning can help to improve
35 patient outcomes and quality of life (McRae, Montgomery, Garstang, & Cleary, 2020;
36 Newman et al., 2022). COVID-19 has created a focus on these issues for the multi-
37 disciplinary team (MDT) with a consequent increased recognition of the SLT role.
38 Furthermore, national UK media has helped to improve the public's understanding of
39 the role of SLT in ICU.

40 **Increased visibility**

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

50 **Improved services**

51 In order to capture the impact of COVID-19 on SLT ICU service provision
52 during the first wave of the pandemic the Royal College of Speech and Language
53 Therapists Tracheostomy Clinical Excellence Network (RCSLT Trache CEN)
54 committee conducted a short online survey from 30 June to 10 July 2020. The survey
55 was distributed via the RCSLT Trache CEN mailing list and via social media. We
56 requested one be completed for each paediatric and adult ICU service. The six-question
57 survey included topics such as: type of service (adult or paediatric), impact of COVID-
58 19, staffing levels, and SLT recognition. All questions were closed, but there was space
59 for respondents to leave free text comments at the end of the survey. The survey
60 revealed that SLT staffing levels had improved in 19% of services (n=14/77). Various
61 reasons were given for improved staffing levels, with the most common being increased
62 SLT staff support from other areas (n=9/14; 64%), and increased recognition from the
63 ICU team (n=8/14; 57%). Recognition of the role of SLT during the pandemic had
64 improved in half of services (n=39/77; 51%). Respondents reported various positive
65 aspects of COVID-19 including:

66 “...there is greater recognition of our role and more willingness to engage about
67 funding for SLT within ICU.”

68 “I have letters of support from MDT, nursing and consultant colleagues (to support
69 strategic discussions about funding)”

70 “Able to increase ICU team awareness of SLT role in weaning and swallow
71 assessment. SLT were key members of the tracheostomy MDT to support patient
72 flow out of ICU onto wards...and support capacity.”

73 “The response from ICU nursing has been really positive and I feel that they see us
74 more as a part of the team. We have been a presence on the ward, assessing covid
75 patients and I feel this has afforded us a little more respect...It’s feeling more
76 positive!”

77 **Increased collaborations and guidance development**

78 An incredible amount of work has been done by SLT experts, including the
79 authors of this piece, over the duration of the pandemic. SLT specialist advisors in
80 intensive care working with the RCSLT COVID-19 Advisory Group and the RCSLT
81 Trache CEN led a national drive to upskill the SLT workforce with the necessary
82 knowledge and skills required to work in ICU. This included collating and sharing
83 training resources, developing a critical care competency framework, and presenting bi-
84 monthly free webinars (with 1277 live views and 3766 YouTube views as of 30th
85 August 2022) (“RCSLT Trache CEN - YouTube,” 2020). The RCSLT Trache CEN
86 membership increased from 370 in March 2020 to 503 in January 2021 as a result of
87 this work and increase in tracheostomy caseloads. Experts also initiated a national
88 database project with the RCSLT to collect ICU SLT outcome data for patients with
89 COVID-19 to help understand clinical issues and inform practice (“RCSLT Covid-19
90 Data Collection Tool,” 2020). National RCSLT Flexible Endoscopic Evaluation of
91 Swallowing (FEES) guidance enabled safe resumption of SLT-led nasendoscopy
92 services that were paused early in the pandemic for risk mitigation purposes (“RCSLT
93 Guidance: Speech and Language Therapist-Led Endoscopic Procedures in the COVID-
94 19 Pandemic,” 2020). SLT experts have also been closely involved with NHS England
95 initiatives throughout the pandemic including planning workforce for the Nightingale
96 hospitals and COVID-19 rehabilitation. ICU SLT experts, including the authors, have
97 been key contributors to the RCSLT COVID-19 Advisory Group addressing issues such
98 as access to personal protective equipment (PPE) in particular for swallowing
99 assessments. Thanks to the support of the Intensive Care Society (ICS), speech and
100 language therapists, including the authors, have increased their involvement within
101 national ICU initiatives including representation on Council, the Allied Health

102 Professional (AHP) Professional Advisory Group, and contributing to the National
103 Rehabilitation Collaborative. The latter have developed guidance, a Rehabilitation
104 Framework and the PICUPS tool (National Post-Intensive Care Rehabilitation
105 Collaborative, 2020; Puthuchearry et al., 2021; Turner-Stokes et al., 2022). They have
106 also collaborated on a webinar and infographic information for the Royal College of
107 General Practitioners, and participated in the ICS future workstream focus groups
108 (“Intensive Care 2020 and Beyond: Co-Developing the Future,” 2020). SLT ICU
109 experts, including one of the authors, have joined forces with national and international
110 colleagues producing rapid guidelines and sharing their clinical data widely via joint
111 publications, with the UK truly leading the way (McGrath, Ashby, et al., 2020; Zaga
112 Charissa J. et al., 2020).

113 **A promising future**

114 Despite the waning numbers of patients with COVID-19 requiring ICU care,
115 there is ongoing need for SLT provision for many ICU patients. COVID-19 has focused
116 attention on the critical care aspect of patients’ hospital journeys and the important role
117 of early SLT to optimise rehabilitation and recovery. This positive outcome appears to
118 be enduring and the future for speech and language therapists working in ICU looks
119 very promising and opportunities for speech and language therapists are burgeoning.
120 However, there is clearly more work to be done to ensure that all ICUs in the UK have
121 equitable and appropriate levels of staffing to enable optimal patient recovery and
122 quality of life within and post-ICU. Ensuring speech and language therapists working in
123 ICU have the required specialist skills is also a key priority. Projects focusing on this
124 include one of the authors, with a group of other experts, conducting a national survey
125 of the impact of COVID-19 on access to skill-based competency training for FEES and
126 publishing training guidelines (Robinson, Coffey, & Wallace, 2021). In addition, the

127 ICS, the Faculty of Intensive Care Medicine, and the RCSLT have endorsed an SLT
128 Pillar of the AHP Professional Development Framework for ICU. SLT experts,
129 including two of the authors, are also on the core group of the UK AHP ICU workforce
130 project, and are publishing evidence and consensus on the roles and staffing of AHPs in
131 ICU. These findings will provide up-to-date information for comparison with our SLT
132 survey from 2019. Clinical experts, including one of the authors, are also continuing to
133 work closely with the RCSLT Chief Executive Officer to evaluate workforce solutions,
134 and liaising with NHS and AHP leads.

135 **Conclusions:**

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

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