

# Exploring a Speech Pathology Service in a Subacute Bed-Substitution Model of Care

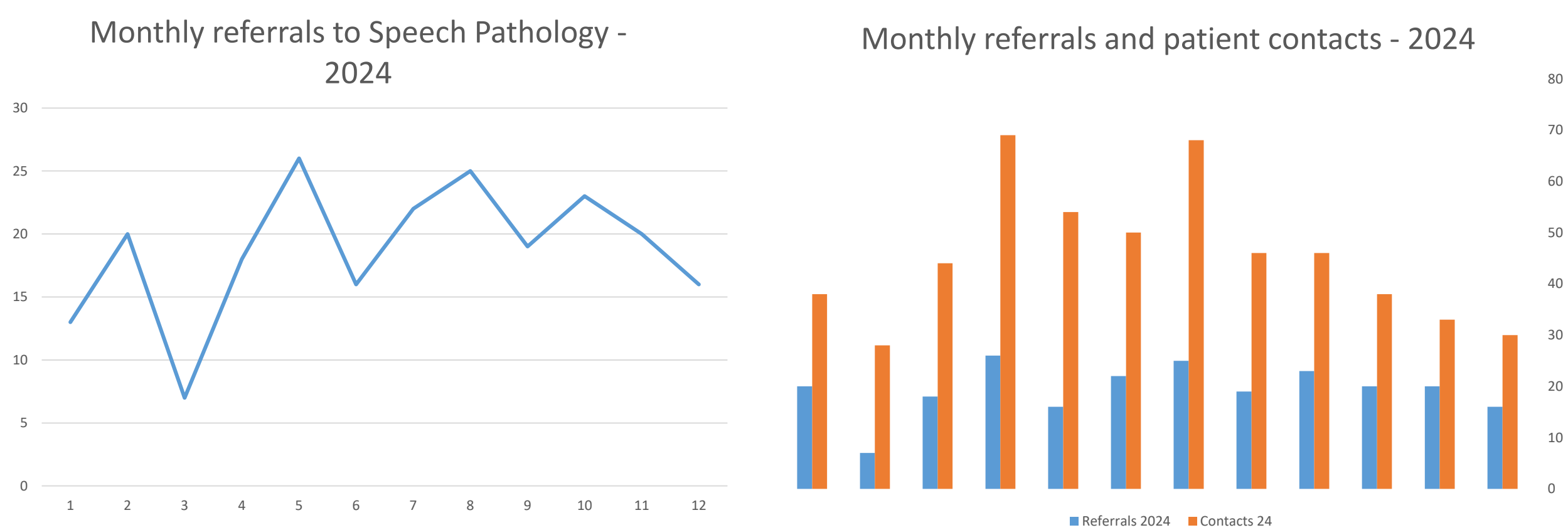
Anna Roberts, Senior Speech Pathologist  
aroberts@phcn.vic.gov.au

## Introduction

Subacute Bed substitution models are a new model of care in Victoria. To date, there is limited information about the Speech Pathology role in this setting. This study aims to evaluate a Speech Pathology service in a Subacute 'At Home' space. Data was collected over a 12 month period to track service demand and scope of practice, and patient-specific outcome measures.

## Methods

A Microsoft Excel spreadsheet was utilised to track referral data. Data points included: referrals, therapy contacts, Allied Health Assistant interventions, service delivery models, patient flow (discharge planning), clinical areas of Speech Pathology service provided, and more. Over the course of 2024, a total of 232 data points were collected and analysed retrospectively using Pivot Tables.



Standardised outcome measures were made on admission and discharge using the FIM/FAM (AROC, 2005). Patient reported outcome measures (PROMS) were also taken and analysed using the GAS-light (Turner-Stokes, 2009).

## Discussion

This year-long study captures data relevant to both service review and development, as well capturing the results of Speech Pathology intervention from clinical and patient-focused perspectives. Speech Pathology service was not static, but rather *responsive*. The ability to tailor Speech Pathology needs to the specific patient and their goals is essential for overall 'success' in therapy.

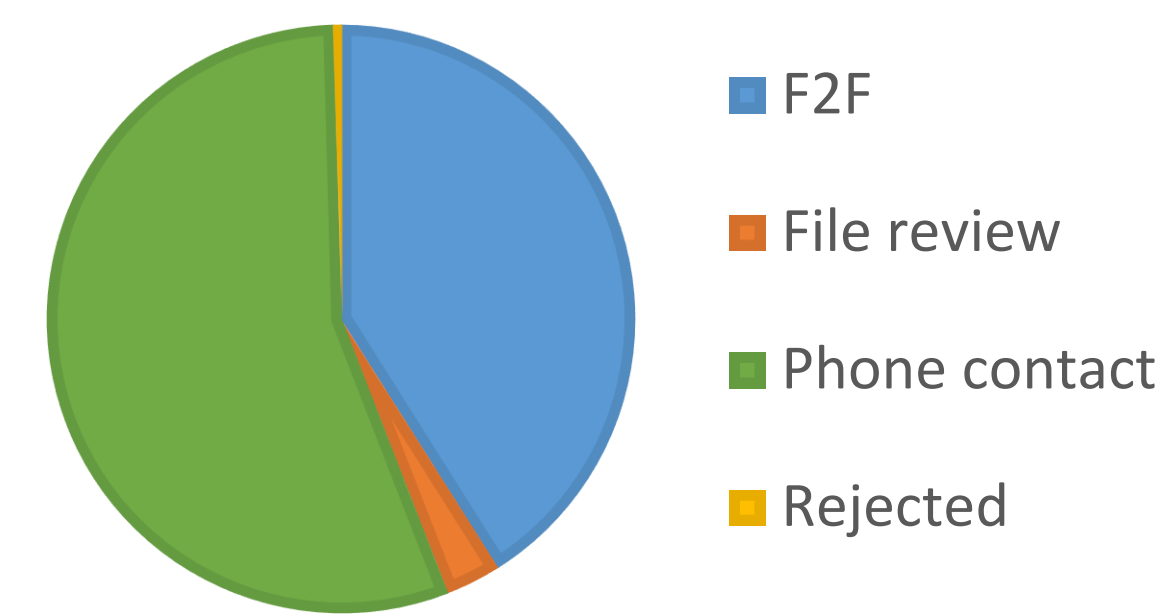
## Conclusion

This 12 month review highlights the demand and value of patient-tailored therapy. The bed substitution model allows for flexibility in service delivery and keeps the patient at the centre. These findings may be applicable to other health services providing this model of care.

**References**  
Australasian Rehabilitation Outcomes Centre (2025). *FIM/WeeFIM*. Retrieved from <https://www.uow.edu.au/australasian-health-outcomes-consortium/aroc/fim-weefim/>  
Turner-Stokes, L. (2009). Goal attainment scaling (GAS) in rehabilitation: a practical guide. *Clinical Rehabilitation* 23(4), 362-70. doi: 10.1177/0269215508101742

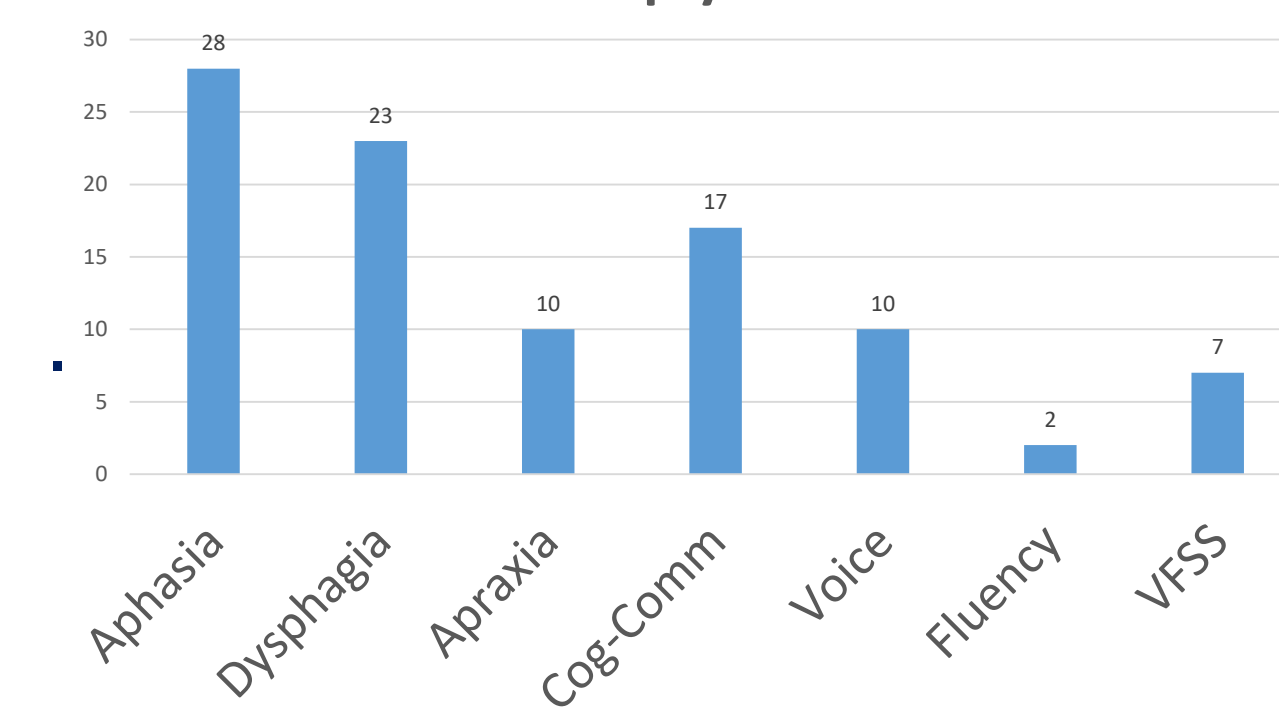
## Service Review Results

### SERVICE DELIVERY MODEL



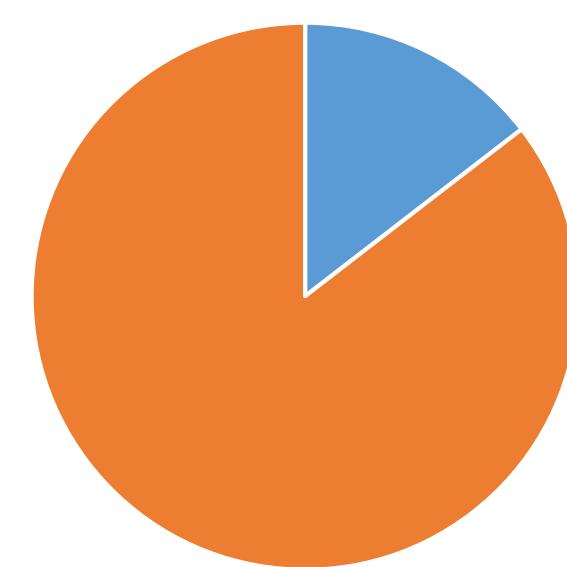
Over the course of 2024, the Speech Pathology service provided **300 phone calls** and **244 home visits** (F2F).

### Clinical Therapy Provided



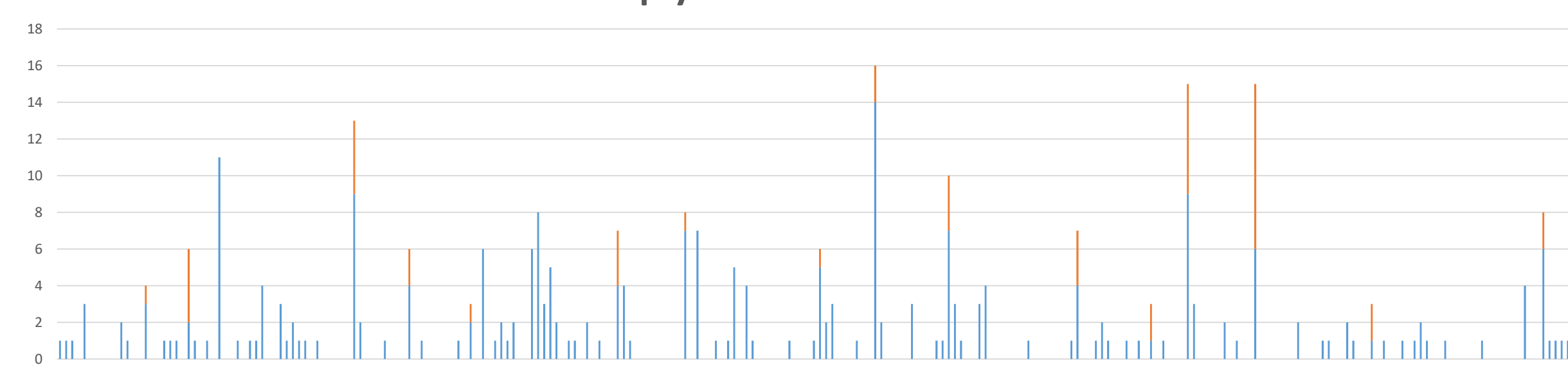
Aphasia and Dysphagia therapy were the most prevalent areas of clinical intervention for this Speech Pathology service. Interventions were provided across the continuum of Speech Pathology practice.

### Allied Health Assistants



**17%** of patients were referred to Allied Health Assistants for additional therapy and support. On average, 2.8 therapy sessions were provided *in addition* to Speech Pathology sessions.

### Total Face to Face Therapy Sessions

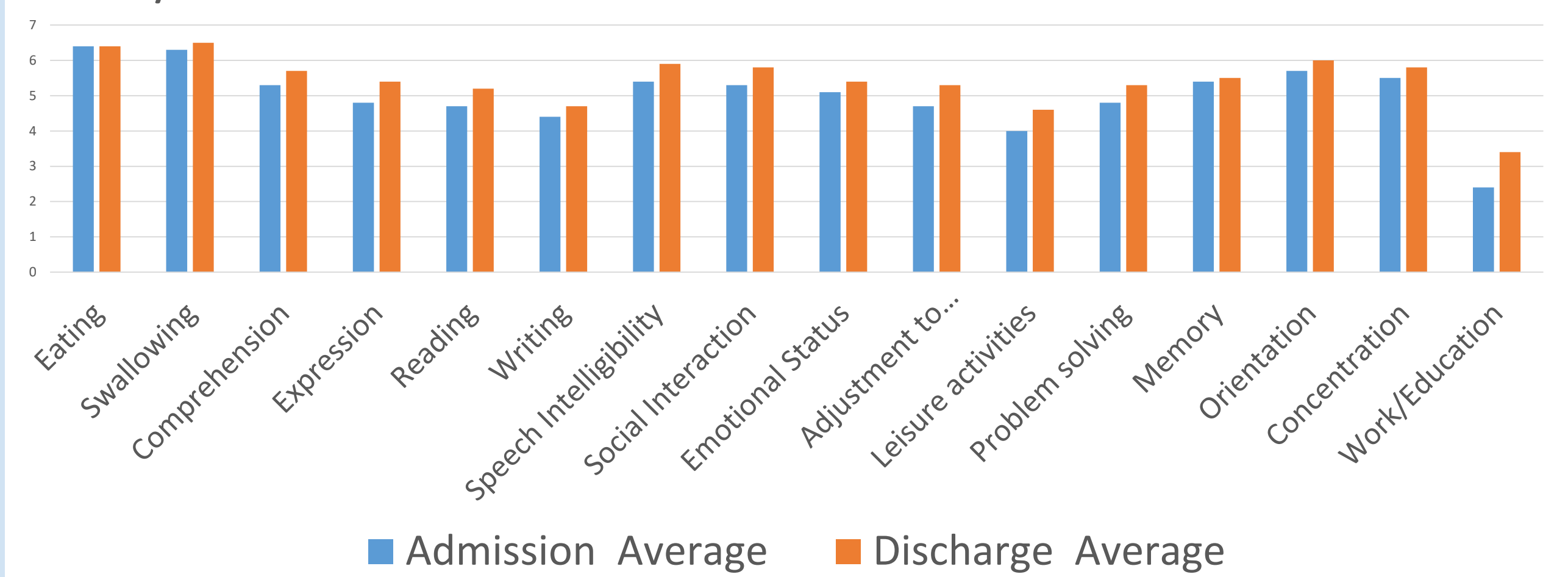


Patients were seen on face to face home visits on average 2.62 times during a 2-4 week admission. There was a range of **1-16 home visits** per patient. Intensity of service was dependent on patient goals and therapy requirements.

**73%** of patients did not require further Speech Pathology service.

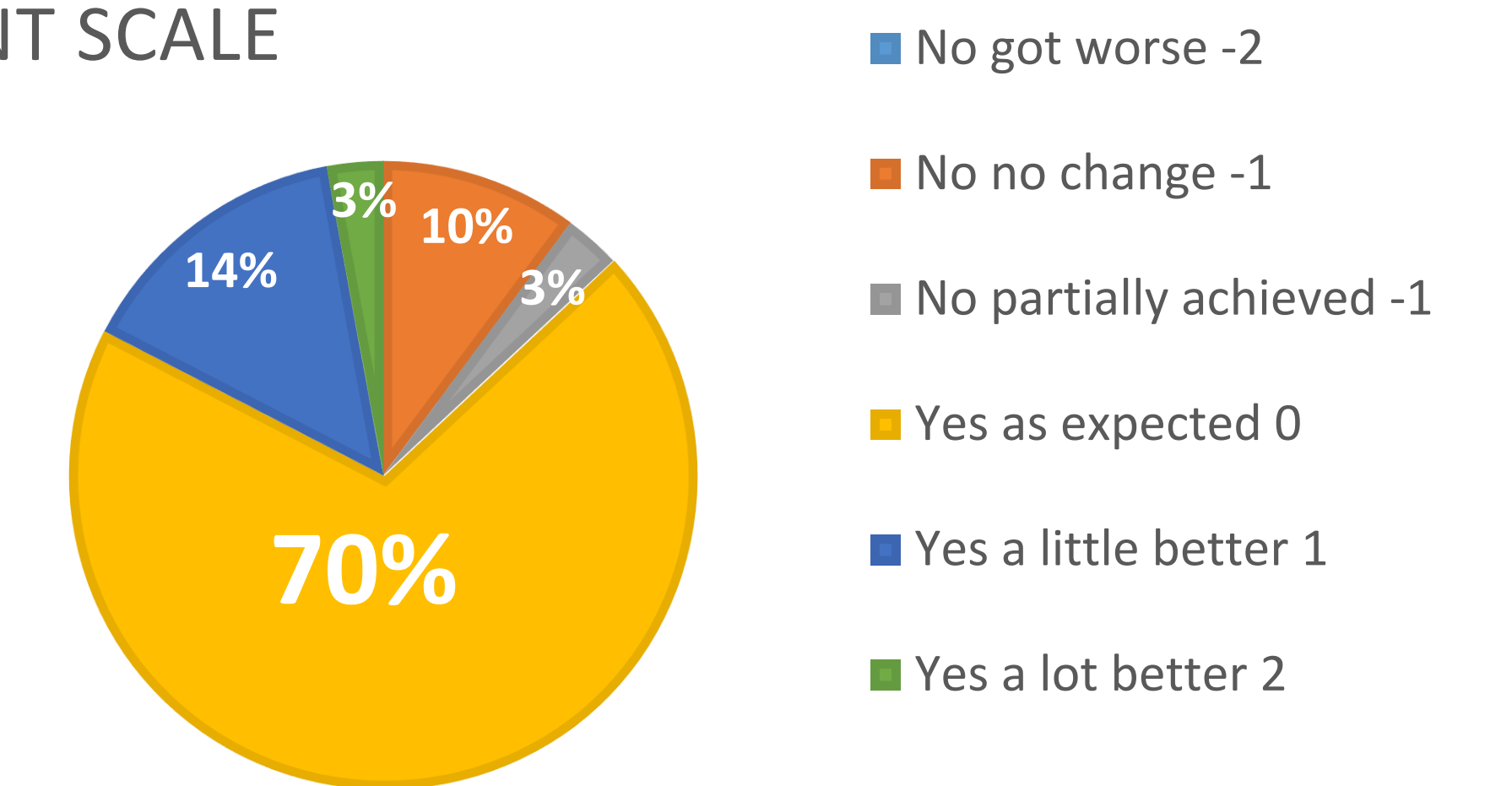
## Patient Results

### FIM/FAM score



There was average improvement of 0.4 (range 0-1) in a 7 point scale for 15/16 domains. The most prominent improvements were noted in verbal expression, adjustment to limitations, engagement in leisure activities, and return to work/education roles.

### GOAL ACHIEVEMENT SCALE



**70%** of patients achieved their goals "as expected".

**87%** of patients achieved+ their goals, meaning their recovery was as expected, a little better than expected, or a LOT better than expected.

**GOALS** were patient specific:

- Drink a cup of tea without coughing
- Write an email to my family overseas
- Improve my speech from my rating of 2/10 to 4/10
- Learn more about swallowing and Parkinson's Disease