

## INTRODUCTION

Before mid-2022, Therapy Assistants (TAs) at the Speech Therapy clinic of Tan Tock Seng Hospital handled administrative tasks like scheduling appointments and patient registration, which limited clinical engagement. This workload led to disappointment and retention issues as TAs sought more patient interaction. Traditional methods for therapy delegation was inefficient and increased Speech Therapists' (ST) workload due to clarifications needed on ST-TA handovers. Training was labour-intensive and lacked standardization. A time-motion study also showed STs spent significant time on administrative tasks, indicating a need to reevaluate roles. With rising demand for ST services and a shrinking workforce, TAs needed to take on advanced roles. This prompted a redesign of TA roles to enhance care delivery by emphasizing upskilling and clinical responsibilities through standardized training, TA-led therapy sessions, and streamlined documentation. These initiatives increased clinical tasks managed by TAs and improved staff job satisfaction, allowing STs to focus on complex cases. The transformation aims to create a more efficient healthcare system to meet the demands of an aging population while fostering growth among TAs.

## METHODOLOGY

Field survey across Singapore revealed challenges in delegating tasks to TAs with confusion over roles and responsibilities and concerns over risk management.

In response to these findings, our team adopted a principle to empower TAs to independently manage their daily schedules of delegated tasks, enhancing time efficiency for both STs and TAs. We implemented several strategies:

### 1. Identification and categorising of clinical tasks to aid training and delegation

- TA therapy includes basic and advanced swallow rehab tasks, speech and language therapy tasks
- TA screen includes patient case history collection, oromotor and communication screening
- TA CGT includes patient education based on ST's recommendations
- Specialised skills includes set up of high-tech alternative and augmentative communication (AAC) device for patients and TA-led group therapy

### 2. Training models/structure

- Adoption of train-the-trainer and paired training models e.g. 1 senior TAs train 2 new TAs
- Revamped training programme including theory sessions via e-learning, practical training, role play scenarios, competency checklists, paired teaching mode
- Development of training curriculum for TA therapy, TA screen, TA CGT
- Right-siting level of training based on TAs job grades (JG)

### 3. System enablers

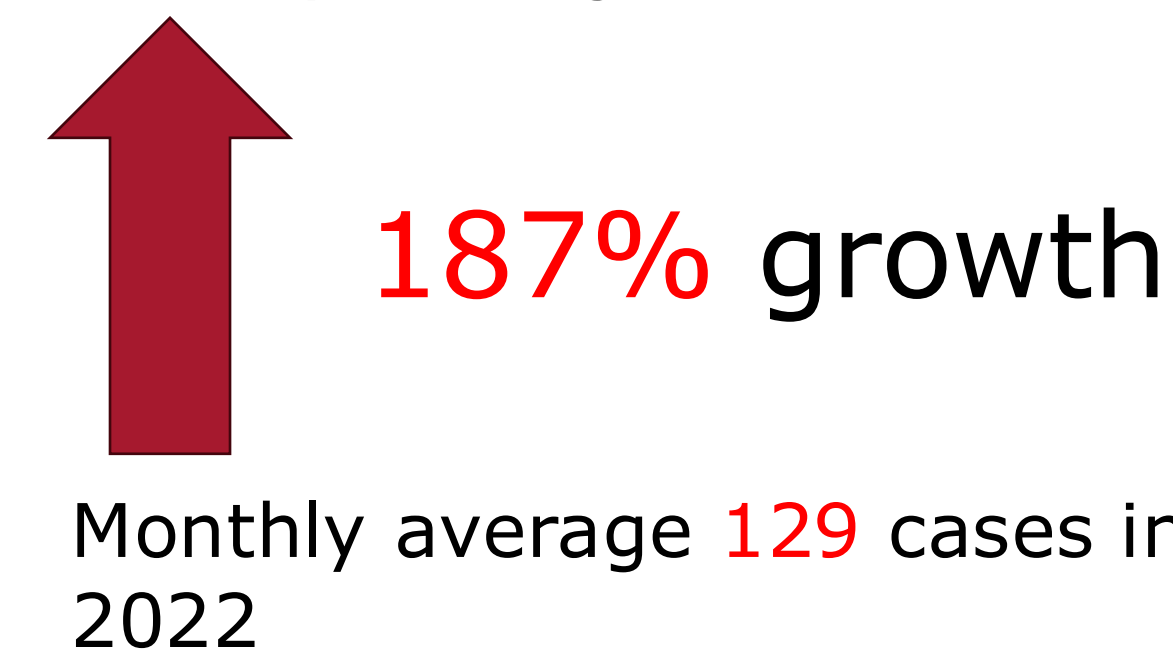
- IT system- Leveraged on EPIC capabilities to enhance workflows e.g. centralized delegation of therapy cases via the EPIC shared patient list, standardization of therapy practices using smartphrases, and shared documentation for TA-led therapy
- Career Framework- Clarity in tasks differentiation resulted in creation of higher tiers of JG 10 and in alignment with NHG Support Staff Career Framework

Plan-Do-Study-Act (PDSA) was conducted and presented to upper management to secure buy-in, highlighting potential manpower savings. Regular briefings and check-ins were held with TAs, TA trainers, EPIC trainers, and STs during both planning and intervention phases. Post-implementation surveys were conducted to gather feedback. A pilot for the TA screen began with one team before rolling out to others. Engagement with team ROs was initiated first to address any concerns, followed by a roll call and ongoing engagement with the rest of the team.

## RESULTS

### Total TA-led workload

Monthly average 370 cases in 2024

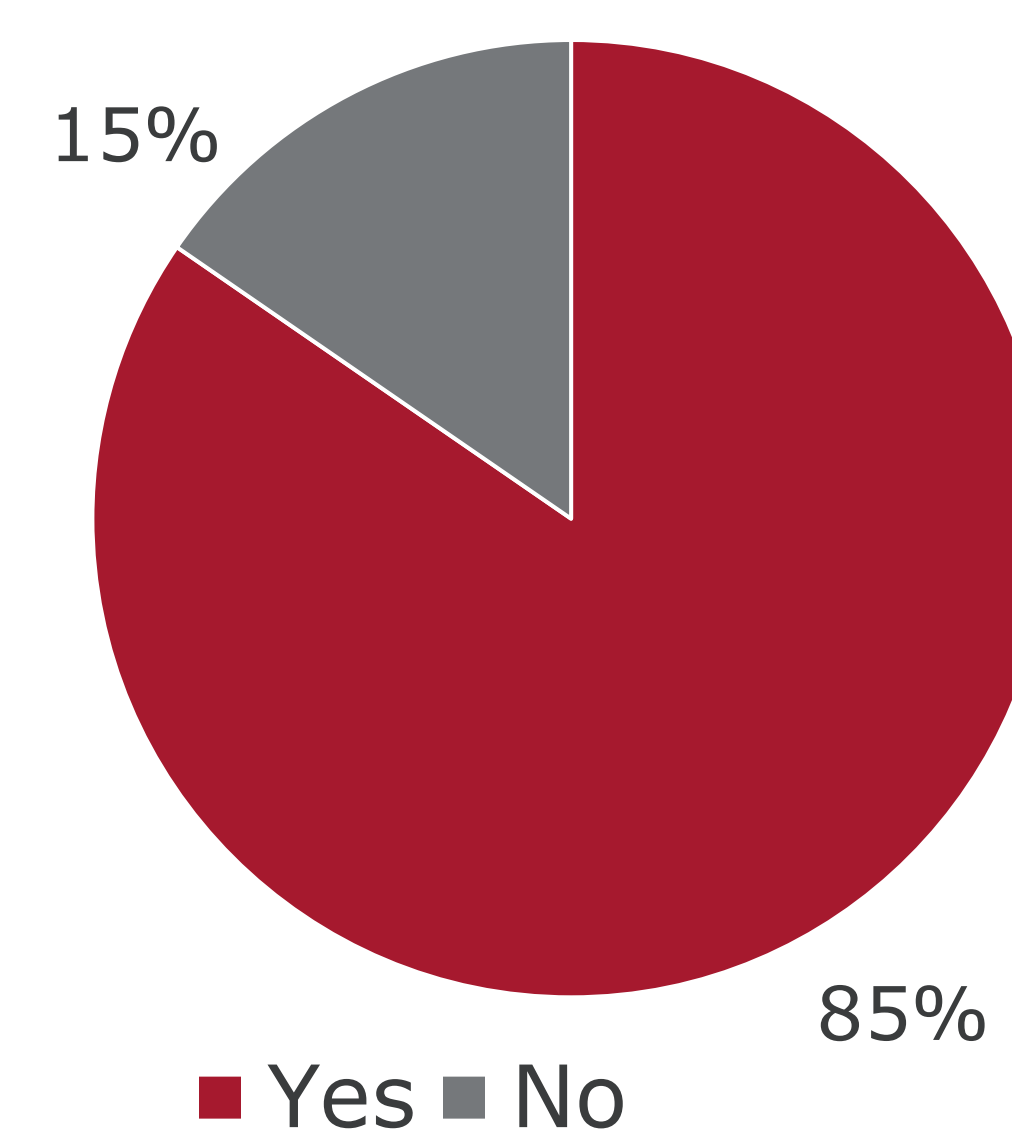


### Training efficiency

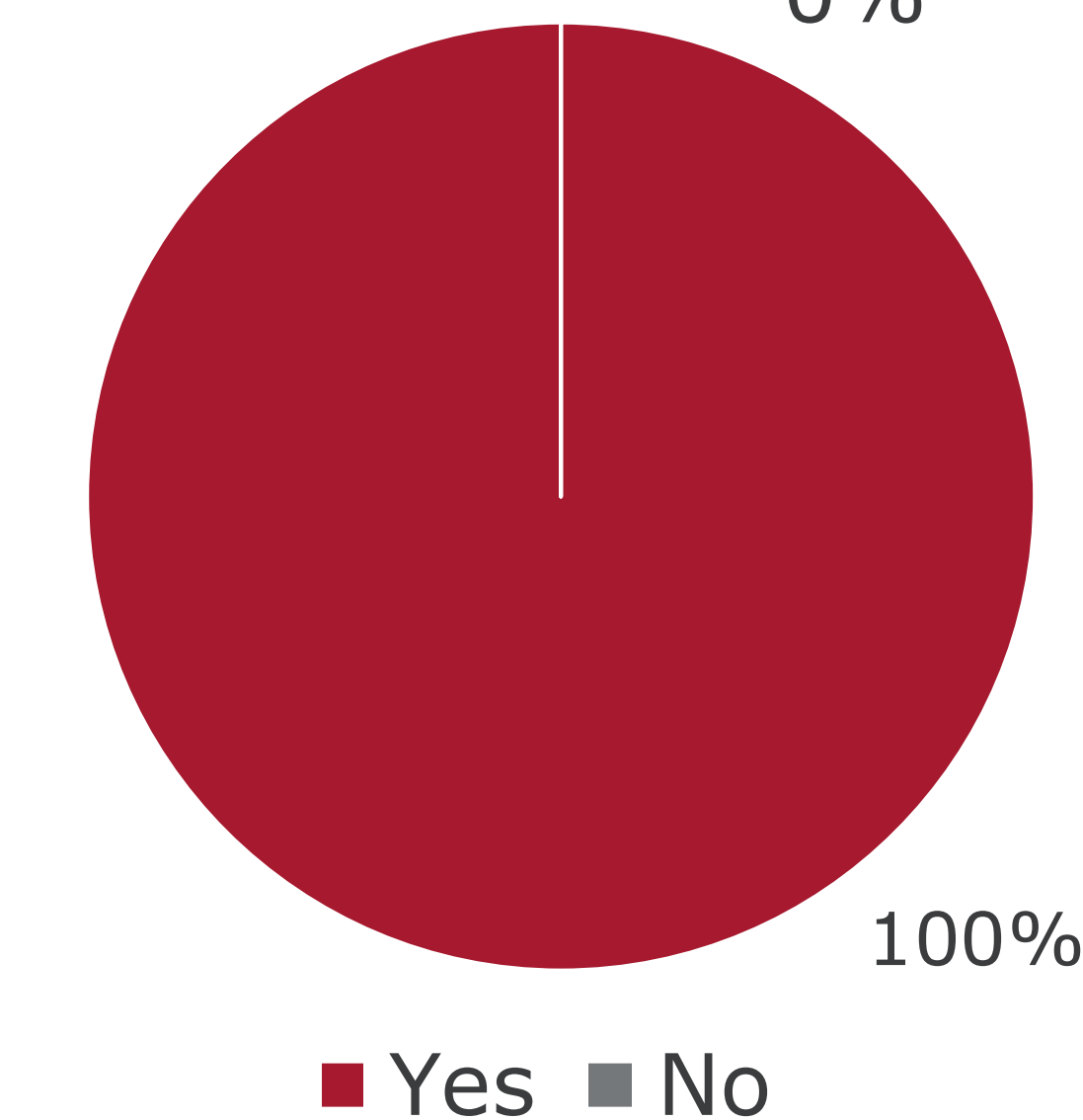
- Reduction from 117 ST manhours to 11 ST manhours per TA
- Reduction from 3 to 1 month for independent practice

### End-user experience

Has it been helpful to have TAs assist in TA Screen?

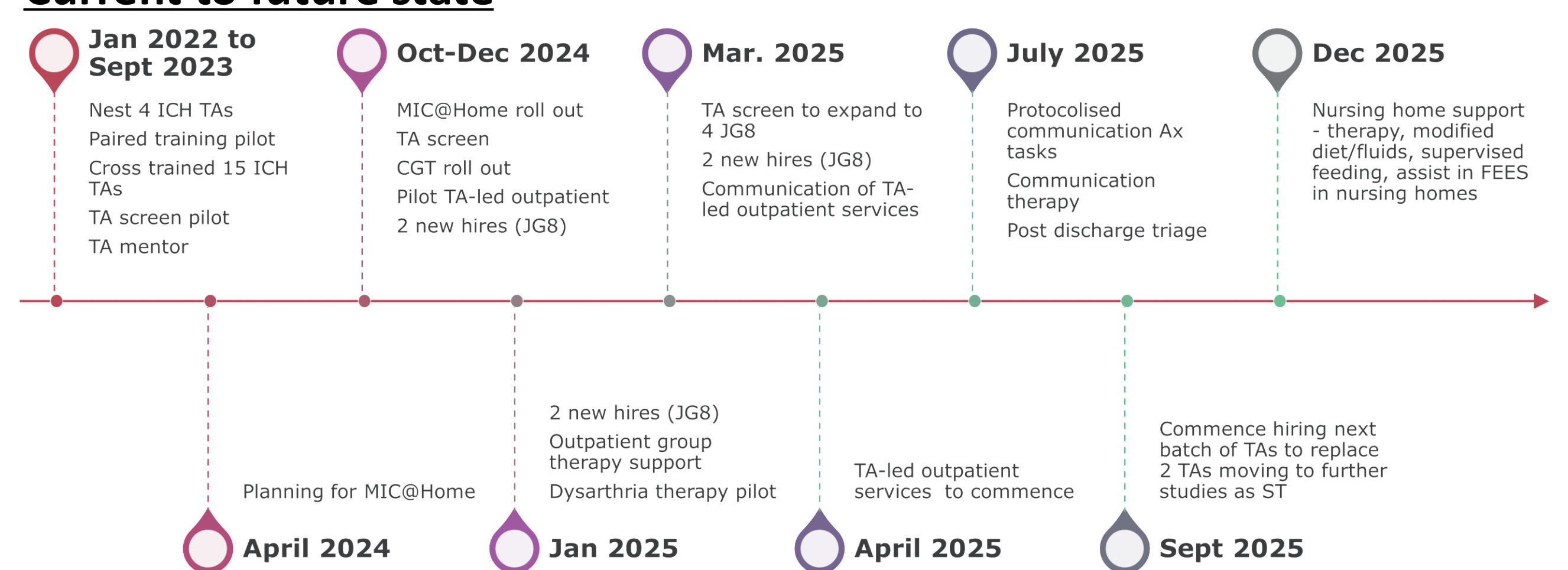


Has it been helpful to have TAs assist for TA CGT?



## LEARNINGS & FUTURE DIRECTIONS

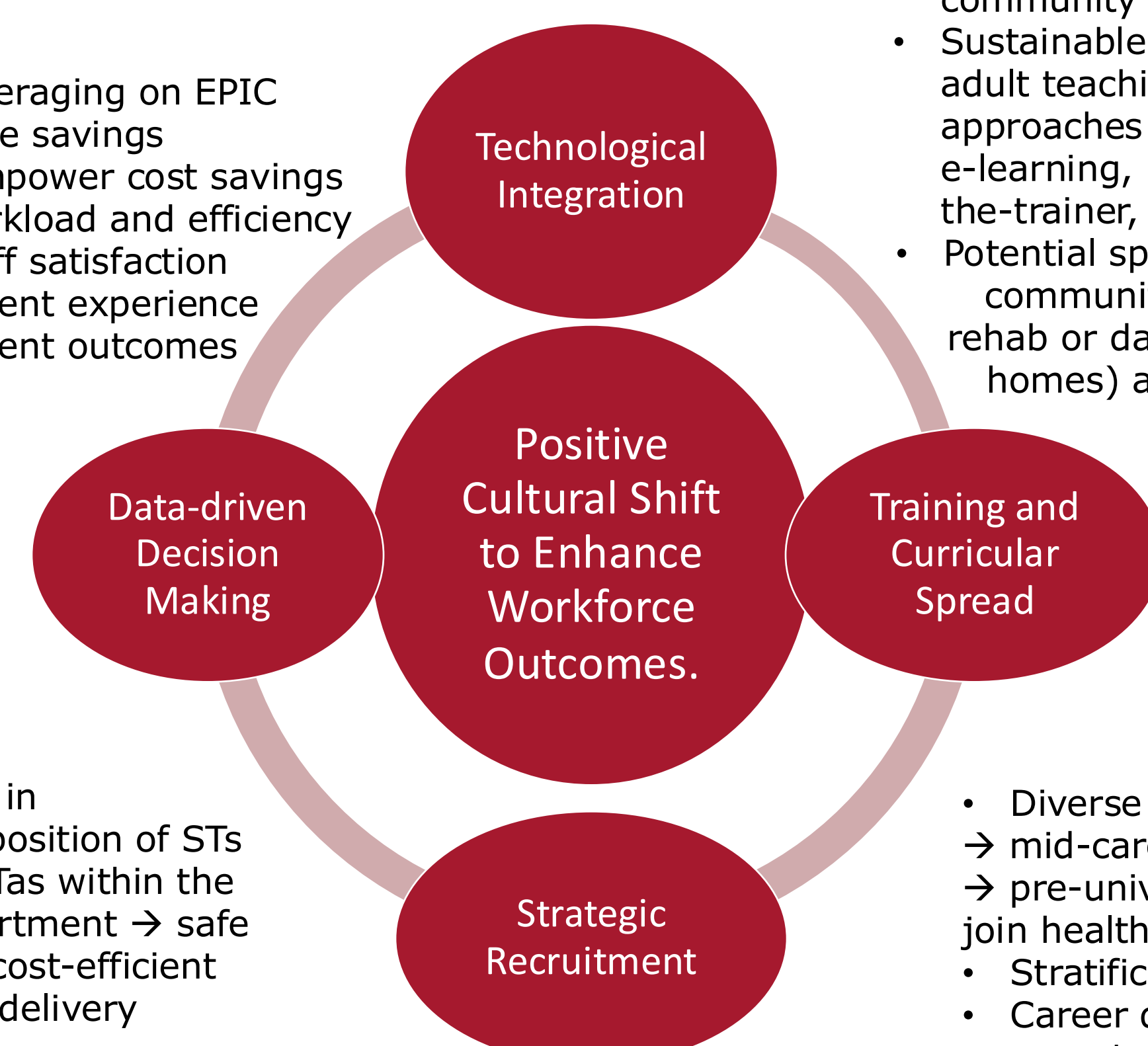
### Current to future state



### Multi-prong approach and targets

- Leveraging on EPIC
- Time savings
- Manpower cost savings
- Workload and efficiency
- Staff satisfaction
- Patient experience
- Patient outcomes

- Shift in composition of STs and TAs within the department → safe and cost-efficient care delivery



- Reduce redundancy and duplication to benefit broader ST community and patients
- Sustainable model with adoption of adult teaching and learning approaches such as self-directed e-learning, paired teaching, train-the-trainer, competency checklists
- Potential spread to other hospitals, community care partners (day rehab or day care centres, nursing homes) and training institutes

- Diverse pool of workforce → mid-career switch → pre-university candidates keen to join healthcare
- Stratification of skills
- Career development opportunities

### Key Takeaway

This journey emphasized the importance of data-driven decision-making, continuous training and upskilling, strategic recruitment, technological integration, and creating a positive cultural shift to enhance workforce outcomes for a sustainable healthcare ecosystem.