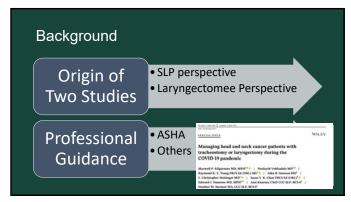


Agenda Introduction of Presenters and Topic - Searl Early Impact of Pandemic from SLP Perspective - Doyle Laryngectomy Patient Perspective - Searl On the Ground Perspective & Case Presentations - Kearney

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Rationale for this project

- March 2020 declaration of a world-wide pandemic secondary to COVID-19
- Health care systems were preparing for "the worst" relative to hospital admissions
- Transmission of the virus was emerging, but fully unknown, yet it was clearly recognized as being highly contagious
- Increasing awareness of virus being transmitted via aerosolization
- Given increased knowledge on spread, SLPs anticipated direct implications on practice

Impact on SLP practice

- Of particular importance to those working with upper airway disorders
- High probability of contact exposure relative to those working with voice disorders and head and neck cancers
- A rapidly changing and dynamic response by clinicians and institutions and employers
- Preliminary institutional guidelines were emerging
- Recognition of COVID-19 as highly contagious within a high exposure work setting
- Personal protective equipment (PPE) availability and access

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Objectives of Clinician Survey

To gather initial information and provide a "baseline" relative to the pandemic

This included considerations related to several broad areas:

- o COVID-19 related precautions
- o Modifications in clinical practice (e.g., endoscopy and postlaryngectomy care)
- o SLP Health and COVID-19 testing (e.g., availability and access to PPE)
- o Work setting impact
- o Financial impact

Data Acquisition

- Survey prepared in Qualtrics
- Broad solicitation of potential SLP participants
- Data gathered over a 17-day period May 19 to June 5, 2020

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Findings from Survey

• COVID-19 related precautions

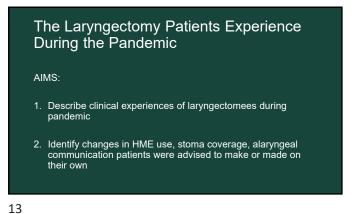
- > half believed they had been directly exposed to COVID-19 and 12% had contracted the virus.
- Of the 23% of SLPs who reported they were tested, 6% indicated a <u>positive</u> test result.
- Antibody testing was reported by 12%, and of these, 13% had a <u>positive</u> antibody test.

• Changes in Practice

- % of SLPs completing the most endoscopic procedures pre-pandemic (>10/week) was reduced from 39% to 3% during the pandemic.
- SLPs completing the most TEP voice prosthesis changes (>5/week) reported a reduction in frequency from 24% to 6%.
- 90% of respondents reported that some guidelines for practice had been provided by their employer.

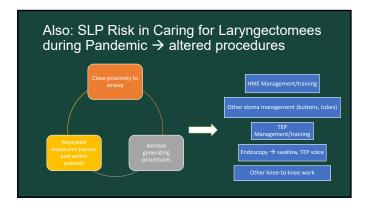
Findings, continued

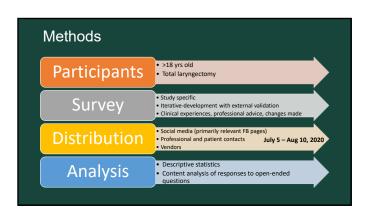
- SLP Health and COVID-19 testing (e.g., availability and access to PPE,
 - A variety of PPE was used by 92% of respondents, however, re-use was common.
 Only 8% reported changing a mask between patients and 49% changed a mask daily.
 - Re-use of PPE was not uncommon.
- Work setting impact
 - With exception of VA hospitals and relative to work setting, 45 to 75% of respondents indicated some level of financial impact secondary to the pandemic.
 - As a group, 47% of respondents (312 of 665) indicated they had experienced a financial impact. Across work setting, impacts ranged from 8% (VA hospitals) to 75% (Home Health settings).
- Financial impact
 - Overall, 9% of SLPs reported being furloughed or laid off.



Rationale: Laryngecomtee's risk and experiences likely altered Increased risk More Direct Route to lower airway of serious complications from COVID-19

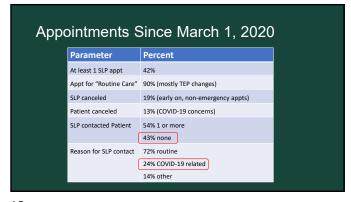
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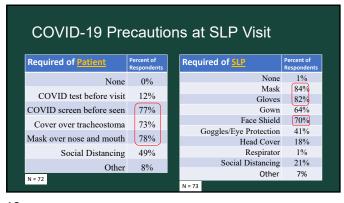




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| Who Responded? | | | |
|--|-------------------------|----------------|------------------|
| • N = 212 → after exclusions N = 173 for analysis | Communication Method | Primary (%) | Secondary (%) |
| | Electrolarynx | 25% | 23% |
| • 65% Male | Esophageal Speech | 9% | 7% |
| | TE speech | 57% | 2% |
| • 88% White | Pneumatic AL | 1% | 1% |
| | AAC | 6% | 15% |
| 92% Not Hispanic or Latino or Spanish Origin | Other/none | 3% | 5% |
| | "No secondary" | (| 46% |





Changes due to Pandemic? Communication Method | SLP - ENT | Self-Esophageal 7% 44% 45% Electrolaryngeal 12% Tracheoesophageal 18% 43% SLP – ENT Self-Advised impl Tracheostoma 27% 54% coverage or care HME use or care 21% 47%

19 20

| Esophageal Speech (N = 27) | | | Electrolaryngeal Speech (N = 82) | | |
|----------------------------|-------------------|---|---|------------|--|
| SLP | Self- | Type of Change or Issue | SLP | Self- | |
| Advised | advised | Encountered | Advised | advise | |
| | 33% | In account for summary of alcoming | 120/ | 30% | |
| - | 29% | EL | 1270 | | |
| - | 15% | Spot") further from stoma for | - | 7% | |
| | 150/ | Avoid setting EL down in public | 6% | 6% | |
| - | 1576 | | | | |
| - | 4% | Oral tube concerns (setting down, touching surfaces, leaving saliva) | _ | 6% | |
| | | Vigilance about clean hand that | - | 2% | |
| 4% | | holds EL | | | |
| 4% | | Talk less in general | - | 2% | |
| | SLP Advised 4% | SLP Advised advised 33% 22% 15% 45% 45% | SLP Advised advised Encountered Encountered 33% loreased frequency of cleaning EL Shifted EL placement ("Sweet Spot") further from stoma for safety 15% Oral tube concerns (setting down, touching surfaces, kaving saliva) 4% tube concerns (setting down, touching surfaces, kaving saliva) Vigilance about clean hand that holds EL Talk less in general | Suparation | |

TE Speech & Stoma Coverage Changes TE Speech (N = 101) Stoma Coverage (N = 173) Type of Change or Issue Type of Change or Issue Vigilance about cleanliness 15% Mask or additional cover over 44% stoma or HME Increased frequency and/or (hands, prosthesis) Consider Hands-free or Alter 19% 14% Coverage
Use TE speech less – in
general, in public
Social distance when using TE intensity of cleaning stoma More hand washing or gloves 1% 8% 8% before touching stoma 1% Replace and clean 4% speech Hands-free valve – anticipate baseplates/HME more Avoid touching stoma or 1% baseplate in public Challenges with phone, video 1% Unable to see SLP - TE 1% puncture closed

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Take-homes • More contact from SLP? • 20% - 25% patients not asked to do basic COVID prevention at SLP visits • Specific concerns with alaryngeal communication by some • 16% - 18% of SLPs not observed to wear masks/gloves during appointment • Similar → HME/stoma coverage changes self-implemented > advised

On the Ground Perspective & Case Presentation

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