Queensland Aphasia Research Centre

Queensland Aphasia Research Centre (QARC)

A research centre of the

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The University of Queensland AUSTRALIA

Metro North Health

Queensland Government

Queensland Aphasia Research Centre

Queensland Aphasia Research Centre (QARC)

Professor Dave Copland
The University of Queensland

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AUSTRALIA

Metro North Health

Queensland Government

Acknowledgement of Country

The University of Queensland (UQ) acknowledges the Traditional Owners and their custodianship of the lands on which we meet.

We pay our respects to their Ancestors and their descendants, who continue cultural and spiritual connections to Country.

Welcome!

Queensland
Aphasia
Research
Centre

Today

Introduction to Queensland Aphasia Research Centre

Our Research and Activities

Opportunity to:

- Find out more about our research and activities
- ask questions and meet the team
- find out how to get involved

- Bathrooms
- Fire and evacuation
- Afternoon Tea


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Queensland Aphasia Research Centre

Partnership

A UQ-Metro North partnership

The centre operates in partnership with Metro North Health and the Surgical, Treatment and Rehabilitation Service (STARS) Education and Research Alliance

Funding

Philanthropic + UQ +Metro North

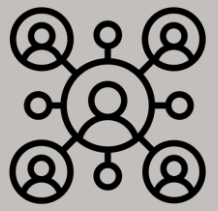
Philanthropic funding from the Bowness Family Foundation and Anonymous Donor

UQ funding

Metro North Funding of CHAT Clinicians

Local and National Research Funding

Reach



Queensland

Centre operations will support people with aphasia, family, and professionals throughout Queensland.

Our Purpose

We work in partnership with the community, health services and key organisations to:

- Increase our understanding of aphasia
- Improve outcomes
- Provide better access to services, support and information
- Advocate the right to communicate

Progress

502

People accessing services

248

Research publications

2369

Research participants

715

Students receiving education and training

4531

Therapy hours delivered by partners and QARC

79

Clinician/researcher engagement opportunities

54

Consumer engagement opportunities

81

Collaborating organisations

Co-design of aphasia services

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Aims of the study

Specifically, we wanted to:

Learn about experiences of aphasia care. For example,

- What worked well?
- What did not work well?
- Ideas about how aphasia care could be improved?

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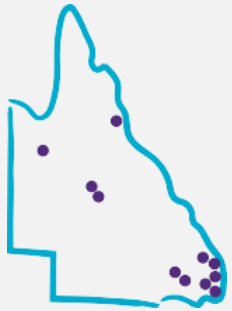
Those involved

Participants

- 41 People with aphasia
- 35 Significant others
- 75 Speech pathologists



26 Hospital and health services

Remote and Metropolitan areas

People with aphasia & significant others

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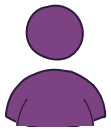
Needs could be met by:

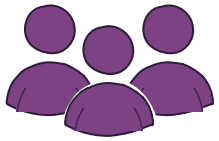
1. Training health professionals in how to support communication.
2. Improving hospital environments (e.g. having quiet spaces and entertainment options for people with aphasia).
3. Increasing service availability in rural areas.
4. Having more psychological services and peer support options for people with aphasia.

Priorities for service design



People with aphasia

Education to support people with aphasia to understand their care management (e.g. medications)



Significant others

More psychological services available for people with aphasia

Anemaat et al., (2024) *Understanding experiences, unmet needs, and priorities related to post-stroke aphasia care: stage one of an experience-based co-design project. BMJ Open,* https://doi.org/10.1136/bmjopen-2023-081680

Speech Pathologists

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Common touchpoints

1. Greater **access to clinical supervision**
2. **Better coordination** & interdisciplinary care to **increase therapy time**
3. **Psychological services** able to support diverse communication needs

Priorities for service design

Metropolitan

Dedicated **aphasia speech pathologist** staffing

Regional

Improved **referral pathways** and **service linkage**

Remote

Education to support care transitions

Anemaat et al., (2024) *Qualitative Exploration of Speech Pathologists' Experiences and Priorities for Aphasia Service Design: Initial Stage of an Experience-Based Co-Design Project to Improve Aphasia Services. Health Expectations,* https://doi.org/10.1111/hex.14105

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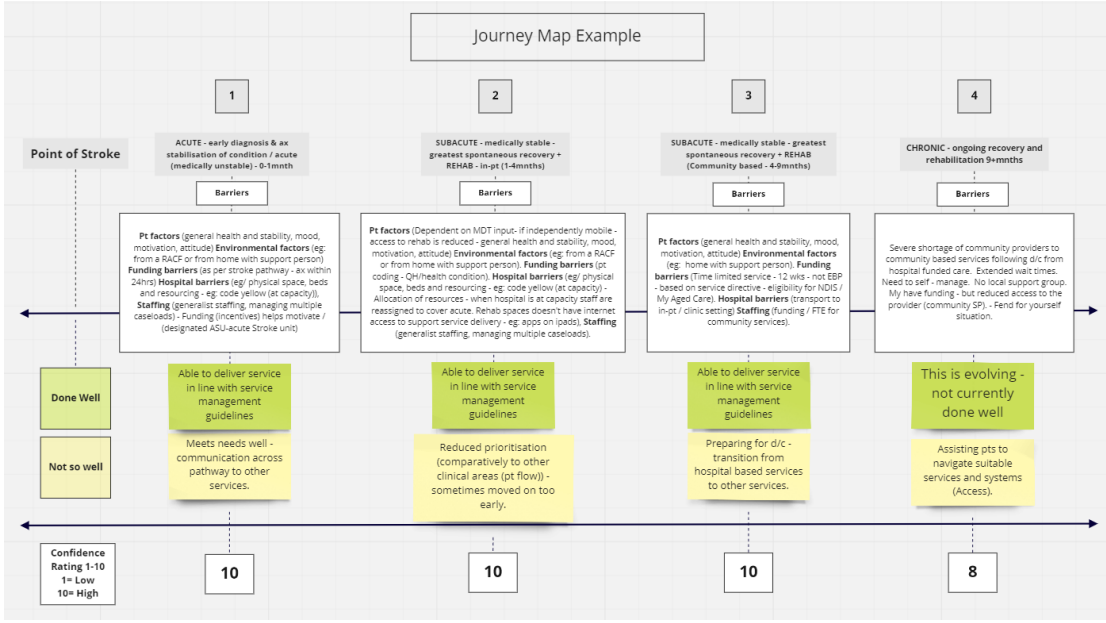
Mapping health care services

Mapping steps:

- Identify key stages along journey of care
- Barriers at each stage
- What is done well / not well at each stage
- Confidence of team at each stage

Example



First access service ← **Continuum of care for healthcare service** → **No longer accessing services**

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Top Priorities

1. Aphasia alerts in medical charts / engaging hospital environments.

2. Training for healthcare providers in how to support communication.

3. Therapy and care management that is tailored to the individual.

4. Having a consistent member of the healthcare team.

5. Better and equitable access to aphasia services.

6. Longer-term intensive communication therapy options.

7. Mental health service options for people with aphasia.

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More information

Video abstracts

(designed by, for, and with people with aphasia)

"...just seeing the change or the hope grow in both the client and the family when you can give them the tools to communicate with each other." (Speech Pathologist)

"You know when you think about it she wouldn't be able to just pick up the phone and ring lifeline"
(Significant other)

"…you can't express how I feel for that hospital … Honestly, they're amazing. "I- I- I- I appreciate life a little more"
(Person with aphasia)

Experiences

People with aphasia

Speech pathologists

Top priorities

Top priorities

For more information email Lisa: l.anemaat@uq.edu.au

The **CHAT** Program

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Jade Dignam, Penni Burfein, Jessica Campbell, Adele Coleman, Caitlin Fraser, Jessica Hickey, Annie Hill, Kate O'Brien, Emma O'Neill, Katherine Roxas, Kylie Short, Kirstine Shrubsole, Renee Stuckey, Hannah Wedley, Kana Appadurai, David Copland.

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La Trobe University | Centre of Research Excellence in Aphasia Recovery and Rehabilitation

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Comprehensive, High-dose Aphasia Treatment

Individual Therapy

Education

Impairment Therapy

Group Therapy

Computer Therapy

Activity / Participation Therapy

High-dose therapy

Week 1				
M	T	W	T	F
✓		✓		✓

Week 2				
M	T	W	T	F
✓		✓		✓

Week 3				
M	T	W	T	F
✓		✓		✓

Week 4				
M	T	W	T	F
✓		✓		✓

Week 5				
M	T	W	T	F
✓		✓		✓

Week 6				
M	T	W	T	F
✓		✓		✓

Week 7				
M	T	W	T	F
✓		✓		✓

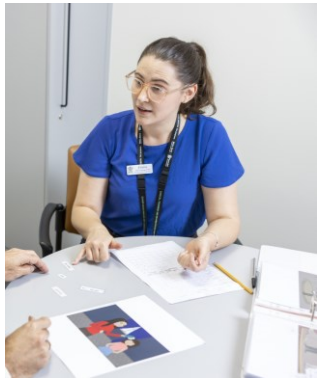
Week 8				
M	T	W	T	F
✓		✓		✓

50 hours therapy

7 hours per week for 7-8 weeks

CHAT in STARS Research Project

- CHAT was implemented at the **Surgical, Treatment and Rehabilitation Service**, or STARS, in Brisbane (2021 to 2023).
- Therapy delivered by 2.0 FTE STARS speech pathologists supported by the MDT.
- 67 Participants consented to the study and 65 participants completed CHAT



Results

Language Impairment

Communication
Activity / Participation

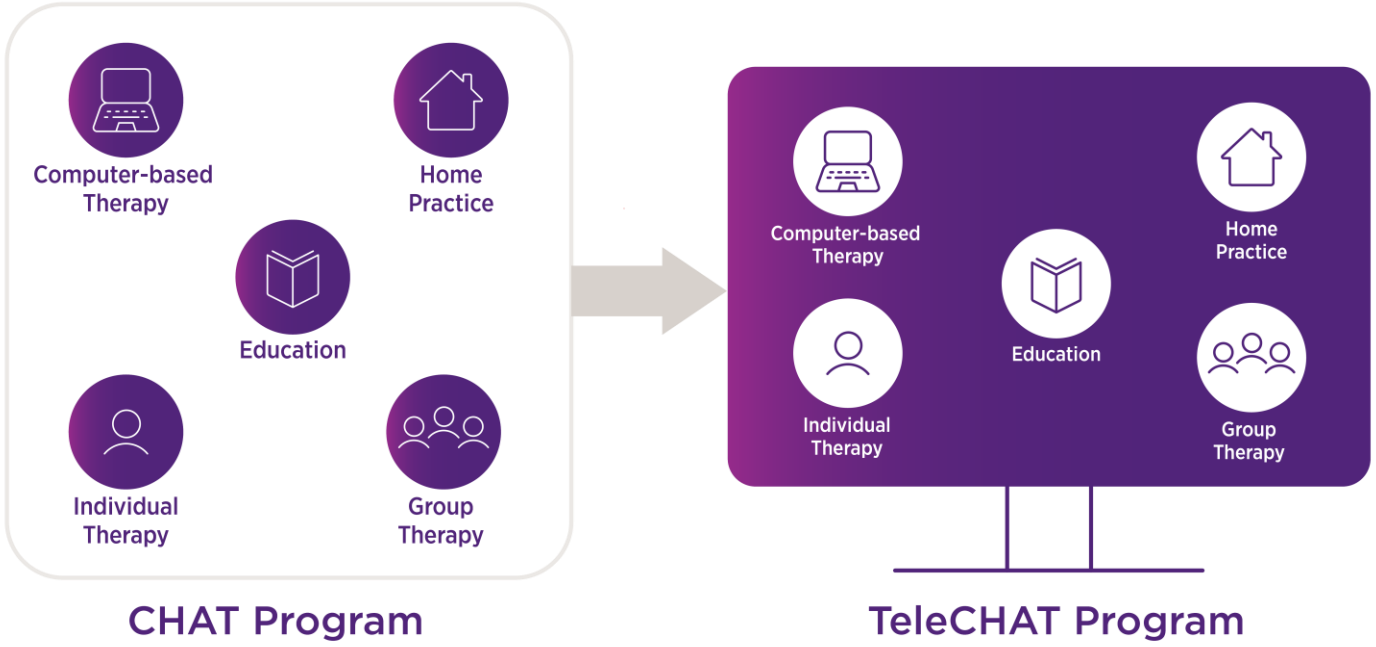
Confidence

Quality of Life

“We now can just do more and more… and I can do a lot more of my life that would never of happened”

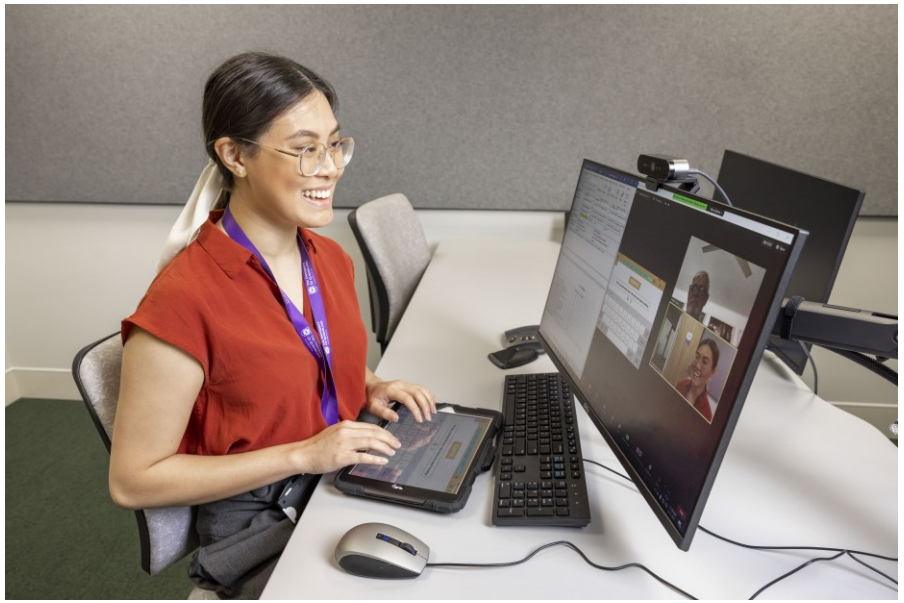
TeleCHAT

- The CHAT program was systematically translated for delivery via Zoom using a Human Centred Design process (Vuong et al., 2023).



TeleCHAT

- TeleCHAT was piloted with 24 people with aphasia.
- TeleCHAT was found to be feasible, usable and acceptable to people with aphasia (Vuong et al., 2024, PhD Thesis).
- Significant improvements in participants language, communication, confidence and quality of life were observed (Hill et al., 2024).



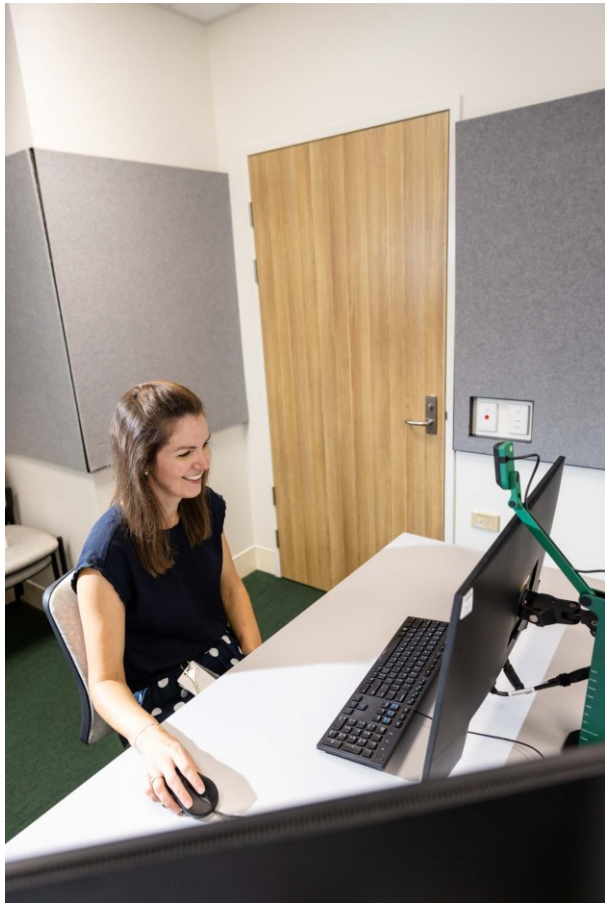
CHAT-Maintain

- A 6-month, technology-enabled, home therapy program.

- Participants trained in the use of technology. Speech pathologists made regular support phone-calls.

- 22 participants consented and 16 participants completed the program.

- Gains in communication effectiveness and confidence were maintained at 6-months.



CHAT Partnership Project

- We are conducting a Phase III hybrid implementation and effectiveness study to evaluate CHAT in hospitals across Australia (NHMRC APP1191820).

- This study aims to compare the effectiveness of CHAT with usual care.

- Usual care data collection is underway, and CHAT implementation will commence early in 2025.

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Measuring and monitoring aphasia services

Funded by: Medical Research Future Fund (MRFF) 2021 Cardiovascular Grant Opportunity (MRF2016134).

Project lead: A/Prof Sarah Wallace

Project title: The Right Treatment for the Right Person at the Right Time. Driving High-Value Aphasia Care through Meaningful Health System Monitoring.

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Aphasia Measures team











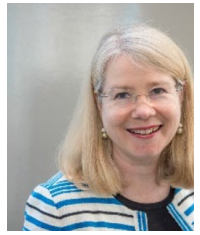

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Do Australian aphasia services reflect evidence-based standards?

Do aphasia services produce outcomes that are meaningful to people with aphasia?

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In Australia, stroke and rehabilitation data is collected:

- Australian Stroke Clinical Registry (AuSCR)
- Australasia Rehabilitation Outcomes Centre (AROC)
- Stroke Foundation Acute and Rehabilitation Audits

But not much much data about aphasia care or outcomes

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Project aim

Use real-world data to understand and improve aphasia care and outcomes.

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Aphasia minimum dataset

Sociodemographic data

Patient age
Patient years of education
Patient sex at birth
Language of treatment and testing
Primary language
Language status
History of condition impacting communication or cognition
History of previous stroke
Lesion hemisphere
Date of aphasia onset
Co-morbidities

Process of care data

A screener and/or assessment is completed to determine if communication impairment (including aphasia) is present.
A valid and reliable standardised assessment is conducted to determine the severity of aphasia.
Information about aphasia is provided to the person with aphasia.
Information about aphasia is provided to the person with aphasia's significant other(s).
Information about support is provided to the person with aphasia's significant other(s).
The primary communication partner of the person with aphasia is provided with communication partner training.
Individualised recommendations for communicating with the person with aphasia are provided to the treating team.
There is training for staff in supported communication for aphasia.
Goal setting is undertaken in partnership with the person with aphasia and their significant others.
The person with aphasia receives person/family centred care.
The person with aphasia receives speech and language therapy.

Treatment descriptors

Number and duration of treatment sessions
Setting
Intervention type
Therapeutic approach
Treatment target
Delivery mode

Outcome measures

Western Aphasia Battery – Revised (WAB-R)
The Scenario Test
Stroke and Aphasia Quality of Life scale (SAQoL-39g)
General Health Questionnaire (GHQ-12)
Patient- and clinician-rated anchor scales (post treatment only)

The University Of Queensland
AUSTRALIA

Research advisory group

3 people with aphasia
2 family members
2 clinicians

MEASUREMENT TOOL

What to measure in aphasia clinical care

STUDY 1

Pilot the MEASuRES minimum dataset

Multi-centre observational study

200 people with aphasia
5 health services

Data collection February – December 2024

STUDY 2

Evaluate the process of piloting the dataset

Mixed-methods process evaluation

Study 1 participants & health service clinicians

Data collection September – December 2024

These studies will evaluate the use of the MEASuRES minimum dataset in clinical practice

ANALYSIS TOOL

How to interpret treatment success

STUDY 3

Determine thresholds of meaningful change

Different for everyone
Small continuous improvements
Progress towards personal goals
Influenced by personal factors

Early recovery phase
Slightly improved
Chronic phase
No consensus

STUDY 4

Establish Minimal Important Change values

Integration of aphasia outcomes and patient perspectives from Study 1 & Study 3

Analysis to be conducted at the completion of Study 1 & Study 3 data collection

These studies will establish Minimal Important Change values for core aphasia outcome measurement instruments

>70 clinicians

13 hospitals across 5 health services

11 QUALITY INDICATORS FOR POST STROKE APHASIA SERVICES

A screener and/or assessment is completed to determine if communication impairment (including aphasia) is present.

Information about aphasia is provided to the person with aphasia's significant other(s).

Information about support is provided to the person with aphasia's significant other(s).

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Individualised recommendations for communicating with the person with aphasia are provided to the treating team.

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Information about aphasia is provided to the person with aphasia.

The primary communication partner of the person with aphasia is provided with communication partner training.

The person with aphasia receives person/family centred care.

There is training for staff in supported communication for aphasia.

https://doi.org/10.1111/hex.14173

Benchmarks of clinically meaningful changes in aphasia recovery

Longterm outcomes after stroke for people with communication support needs

Protocol for a minimum dataset pilot study in Australian health services

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Website: shrs.uq.edu.au/qarc

aphasia.measures@uq.edu.au

BOWNESS FAMILY FOUNDATION

The establishment of QARC has been made possible by generous donations from the Bowness Family Foundation and an anonymous donor.

Aphasia Fit: Supporting and Motivating People with Aphasia to Manage their own Aphasia Treatment

Associate Professor Sarah Wallace

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AUSTRALIA

The Research Team




















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The Team (n=95 and counting)

You can see how far you've walked... but language is hard to see.

If you can’t see progress, are you going to be motivated to do therapy?

And how do you really track progress when someone is back at home?

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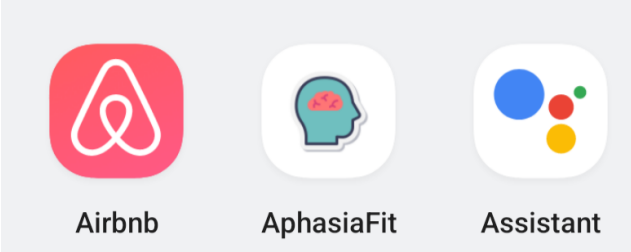
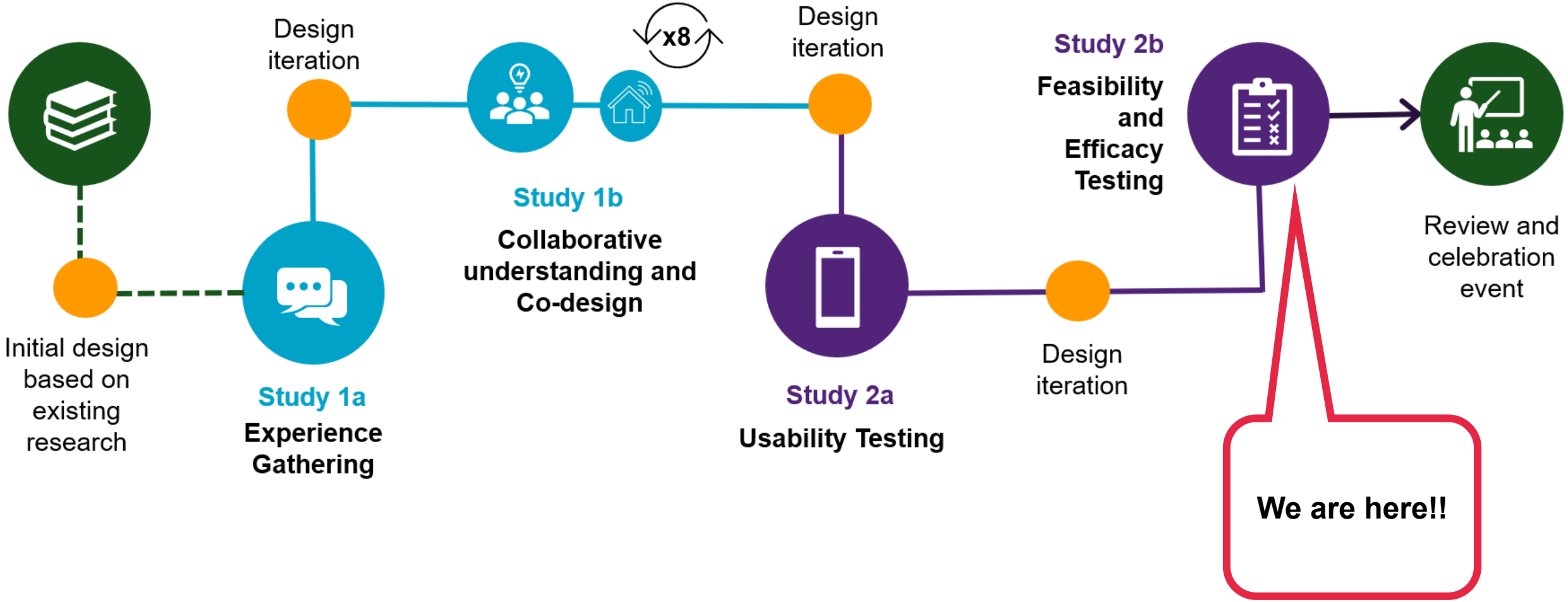
We wanted….

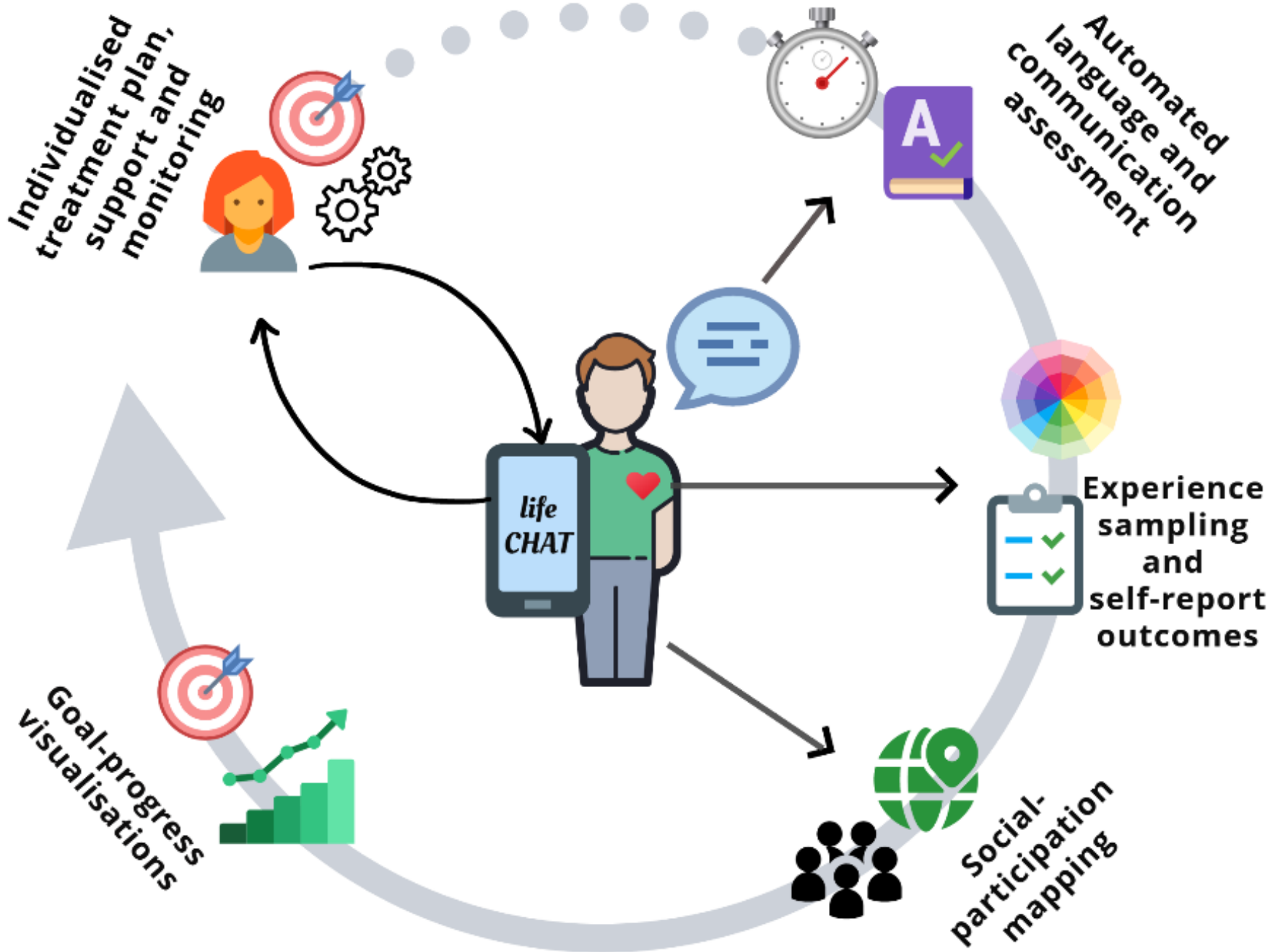
to support **access** to therapy from home.

to **motivate** people with aphasia to do more therapy.



…by developing **an App** that can measure aphasia progress.


Design iteration
x8
Design iteration
Study 2b
Feasibility and Efficacy Testing
Review and celebration event
Study 1b
Collaborative understanding and Co-design
Initial design based on existing research
Study 1a
Experience Gathering
Study 2a
Usability Testing
Design iteration
We are here!!


Individualised treatment plan, support and monitoring
Automated language and communication assessment
life CHAT
Experience sampling and self-report outcomes
Goal-progress visualisations
Social-participation mapping

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Funding

Measuring, Monitoring, and Motivating Adherence to Self-Managed Aphasia Treatment (MRF2007460). MRFF 2020 Cardiovascular Health Grant Opportunity

Sarah Wallace is supported by a National Health and Medical Research Council Emerging Leadership Investigator Grant (1175821)

Queensland Aphasia Research Centre

Thank you

A/Prof Sarah Wallace

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Bridging the Digital Divide

Building health self-efficacy through communication-accessible online environments

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Aphasia and using the web

- Many **essential services** are now accessed **online.**

- People with aphasia are more likely to **feel excluded** from using the web.

Project aims

- To make **software** that will help people with aphasia **access** the **web.**

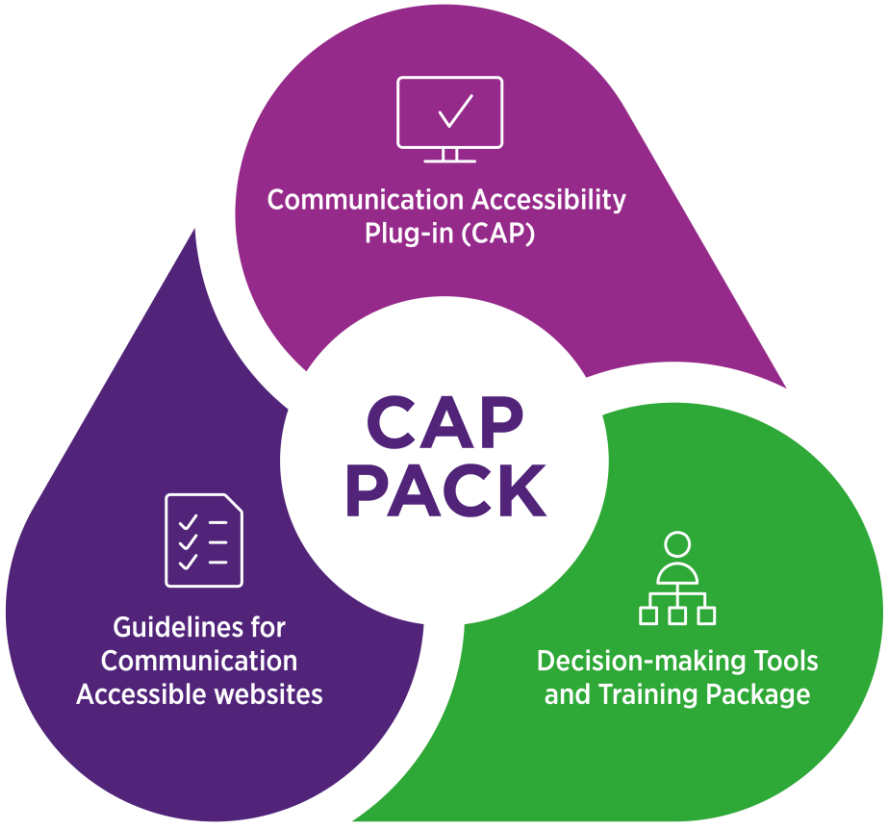
- We will focus on:

Accessing healthcare

Finding information

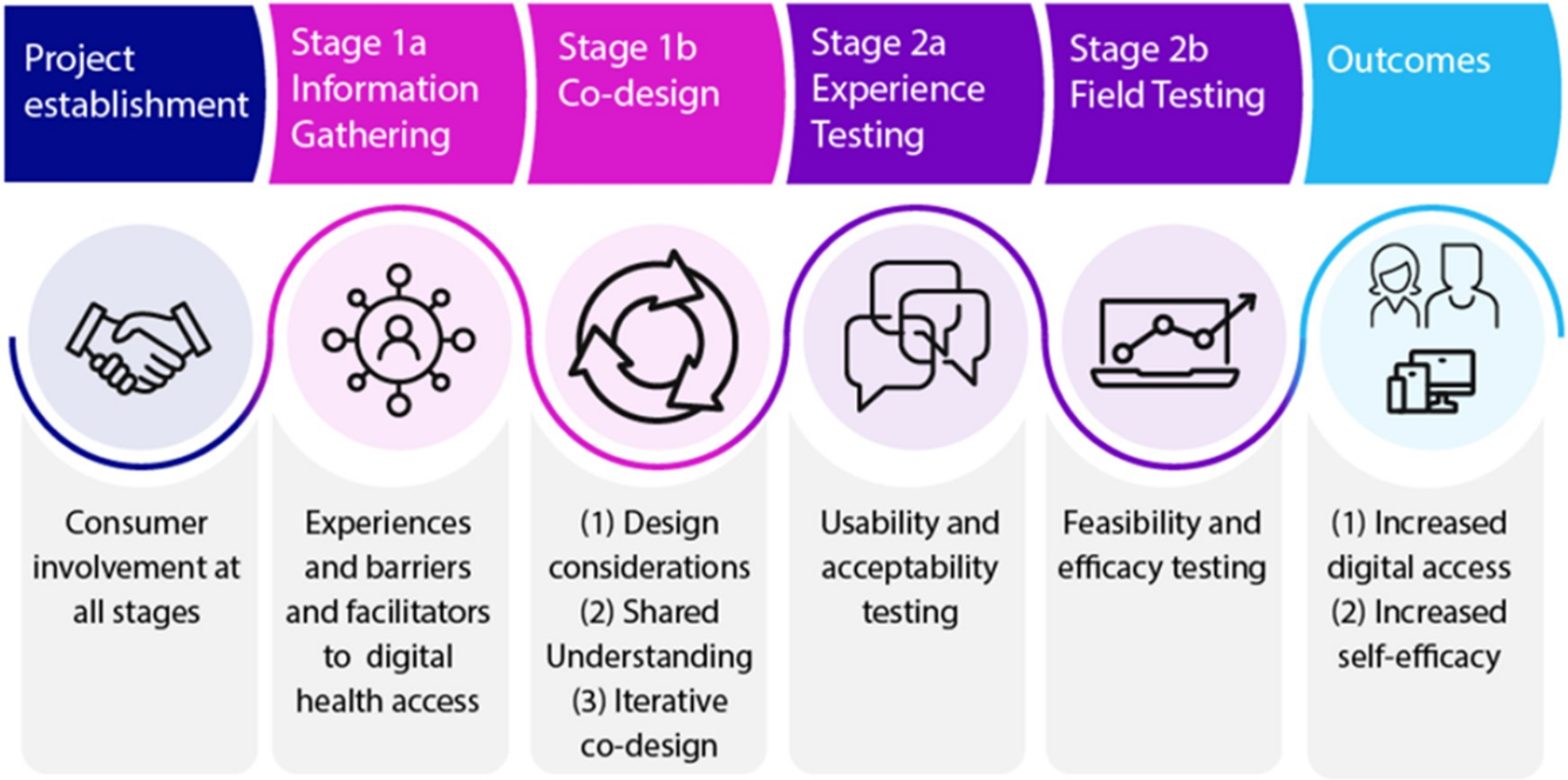
Finding support

What will we co-design?



1. **Plug-In** (or browser extension)
2. **Decision making tools** and a **training package**
3. **Guidelines** for making websites accessible

Project Design



Research team

Research Team

- Sarah Wallace
- Peter Worthy
- David Copland
- Phill Jamieson
- Kim Barron
- Leanne Togher
- Kirstine Shrubsole
- Ciara Shiggins
- Sonia Brownsett
- Annie Hill
- Janet Wiles
- Alex Haslam
- Scott Hollier
- Jennifer Lee
- Ryan Deslandes
- Bridget Burton

Research Partners

- Australian Aphasia Association
- Australian Disability Network
- Centre for Accessibility Australia
- National Disability Insurance Agency
- Services Australia
- Stroke Foundation

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Medical Research Future Fund

Contact us

digitaldivide@uq.edu.au

(07) 3365 7595

Scan for more information

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Neurobiological predictors

Dr Sonia Brownsett

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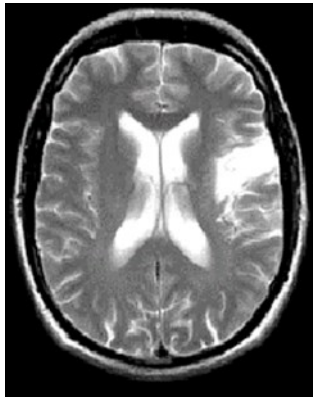
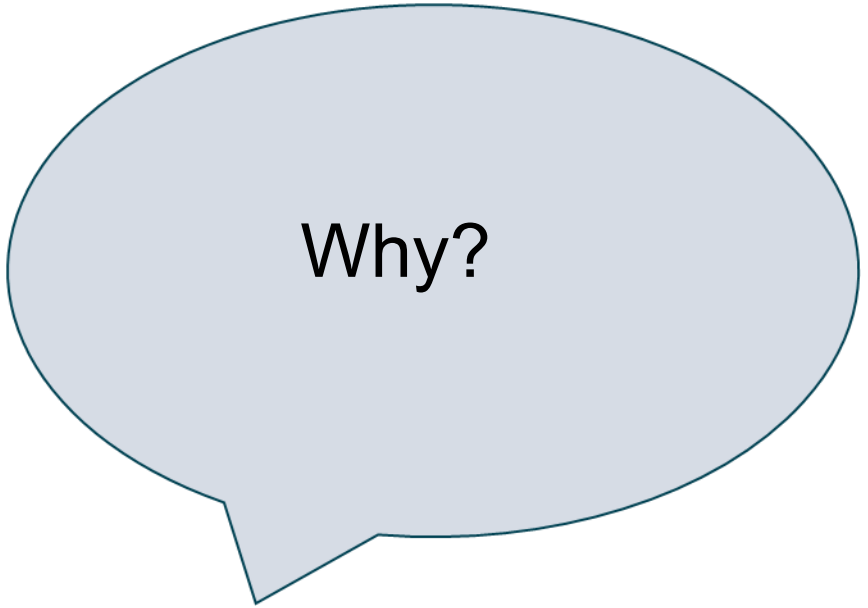
Neurobiological predictors



Dr Sonia Brownsett

Queensland Aphasia Research Centre



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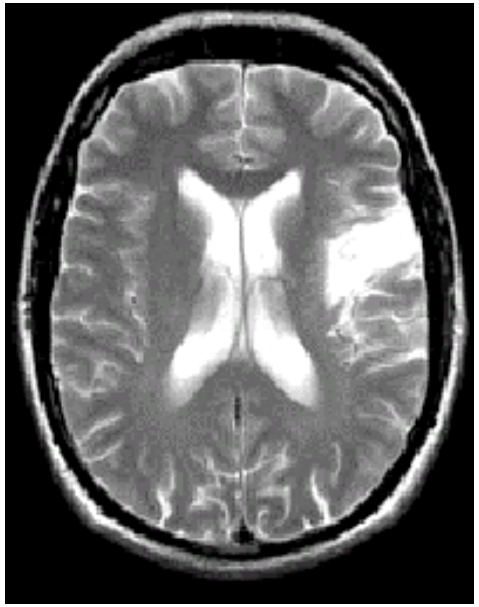
Identify language networks

Understand how non-language networks support recovery?

Understand biomarkers of differences observed in aphasia?

To identify more reliable predictors of recovery?



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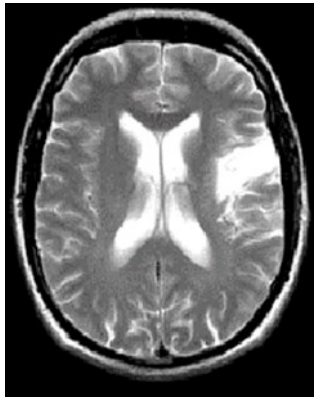
We measure and compare:

- Activation and electrical activity in healthy brains.
- Lesion size and location after stroke
- Impact of damage to cortex, subcortex and neural networks
- Does blood flow change over time and does this relate to outcomes?
- Does premorbid brain health impact recovery trajectories?
- Longitudinal changes



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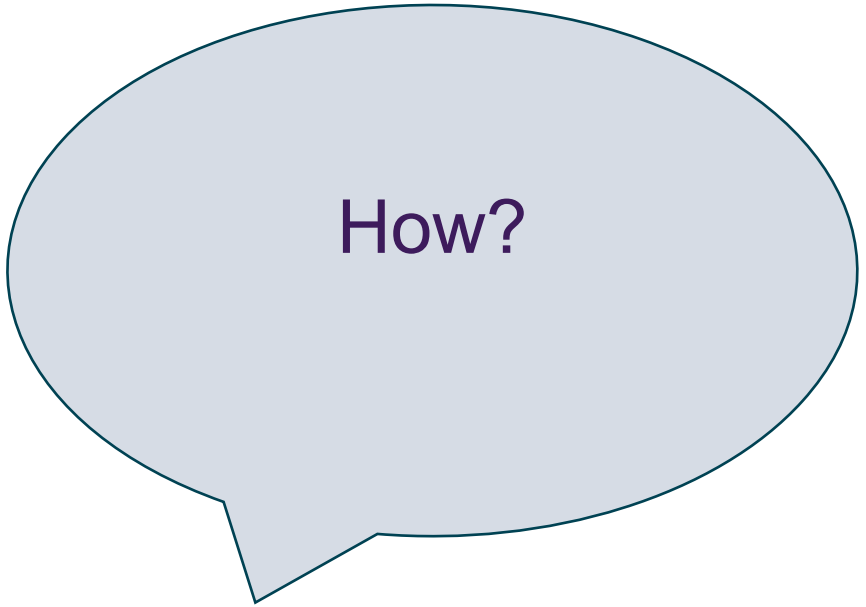

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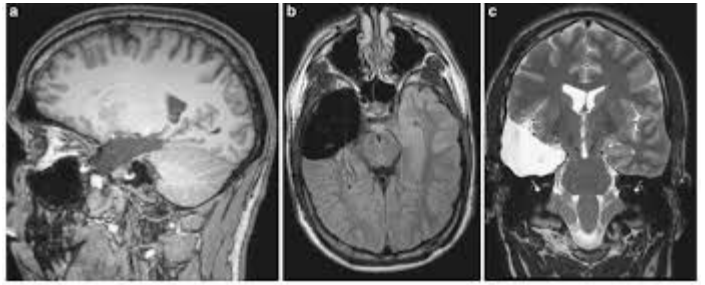
MRI: lesion location and size



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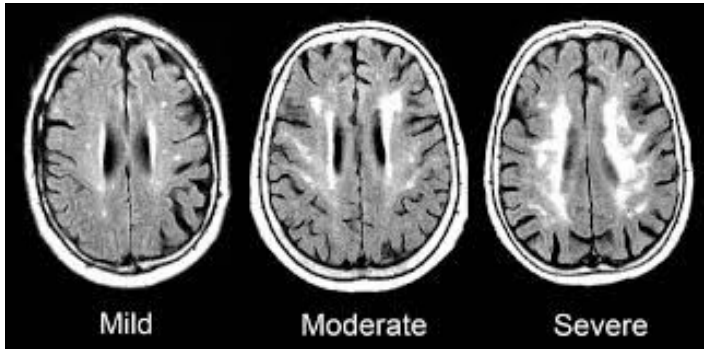
MRI: brain frailty- small vessel disease



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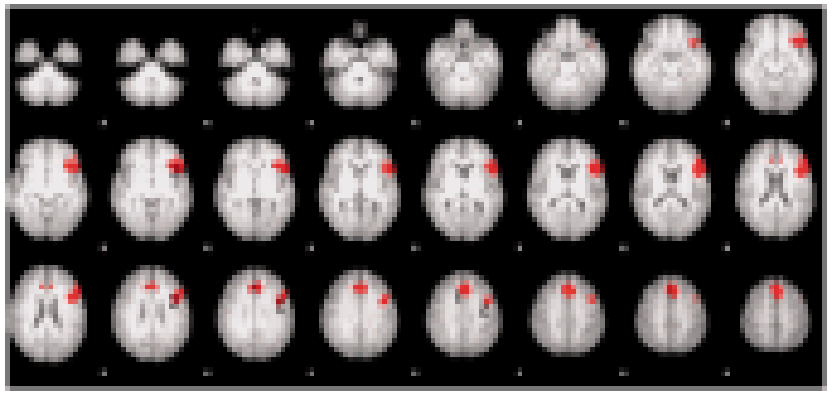
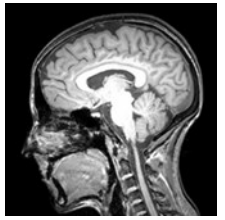
functional MRI: how we use the brain





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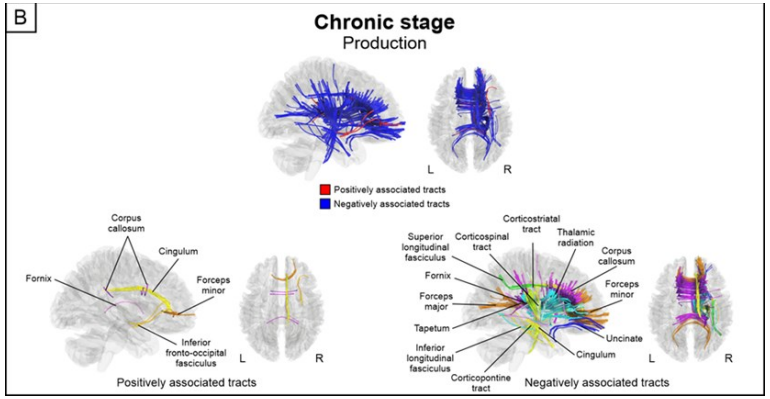
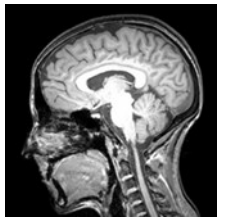
Diffusion imaging: white matter integrity





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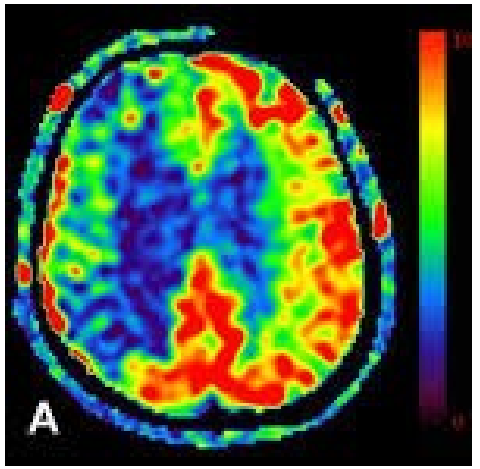
Perfusion imaging: Perilesional blood flow



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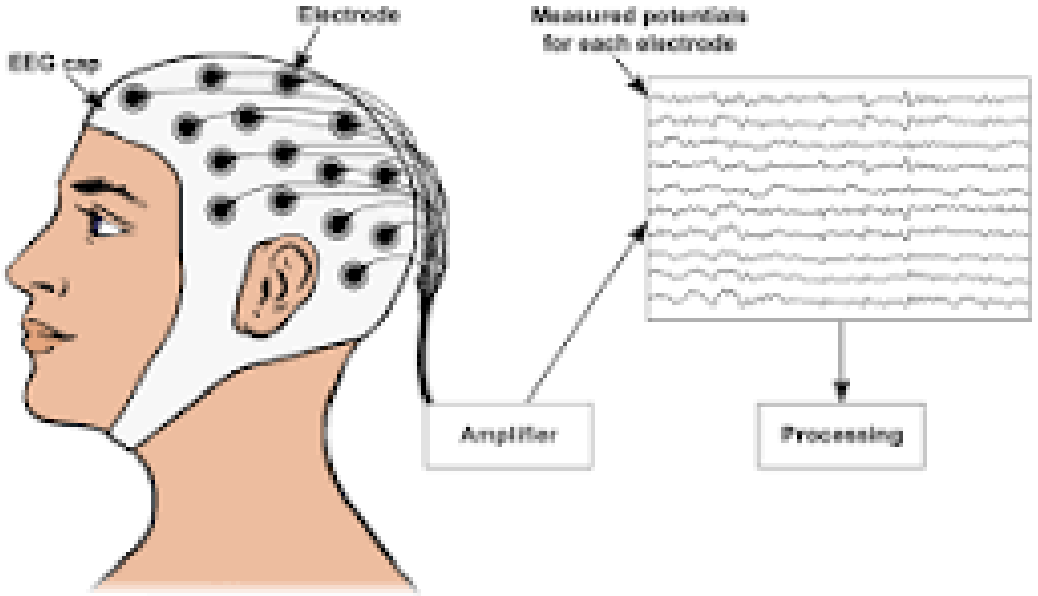
Electroencephalogram (EEG) electrical activity in the brain



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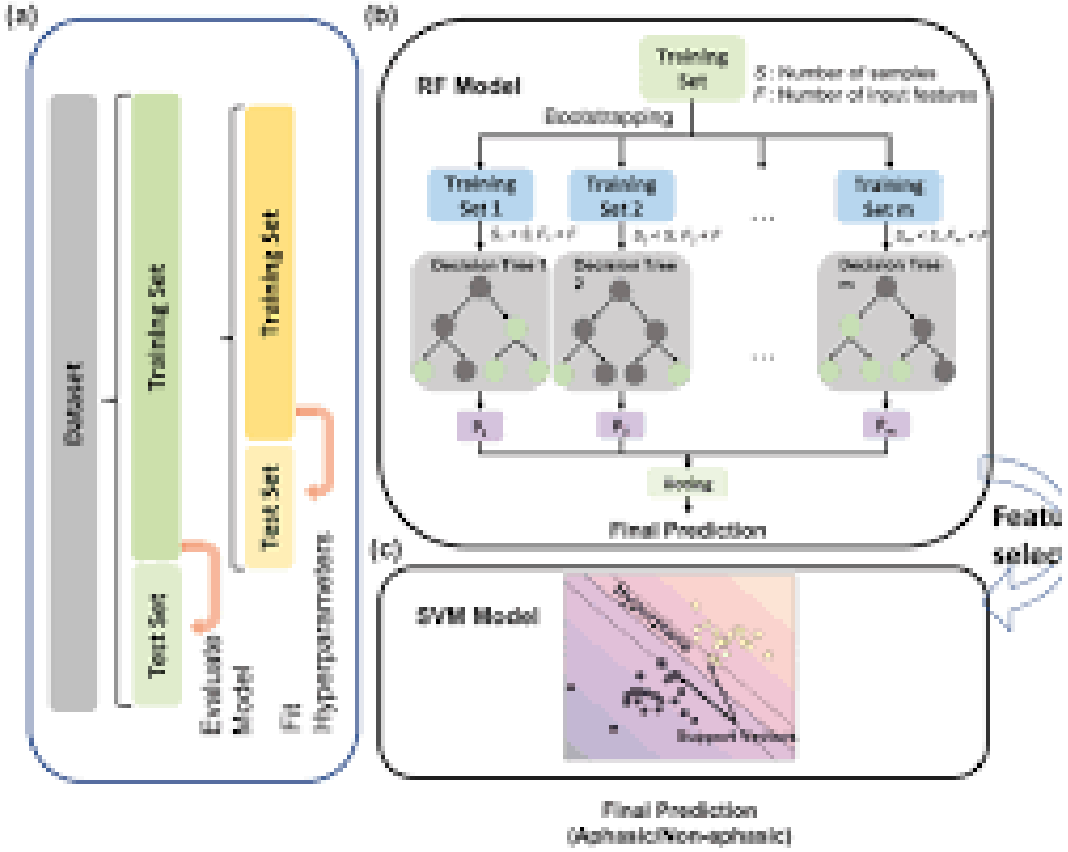
Machine learning: outcome prediction



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Non-stroke aphasia

Dr Sonia Brownsett

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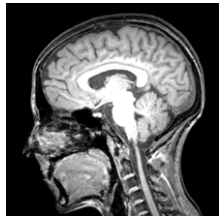
Queensland Aphasia Research Centre

Non stroke aphasia

Dr Sonia Brownsett





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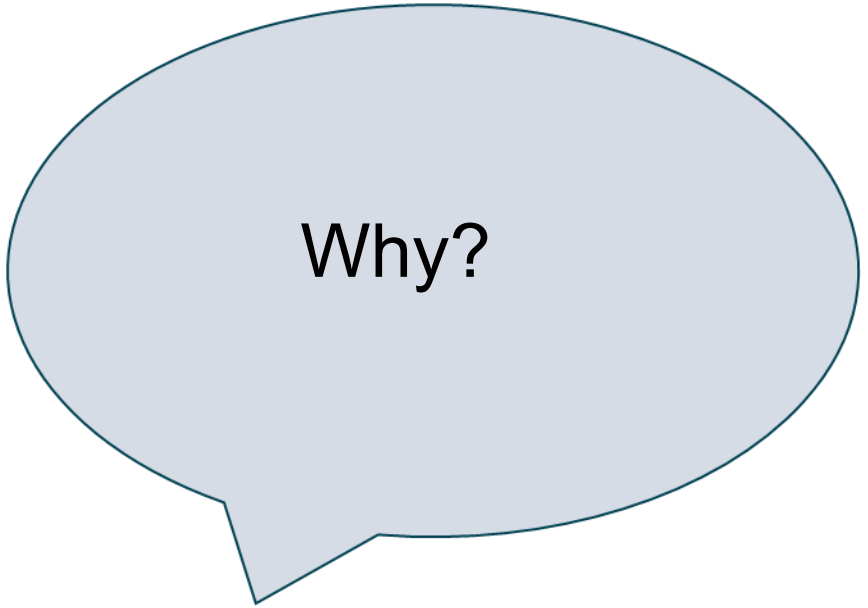

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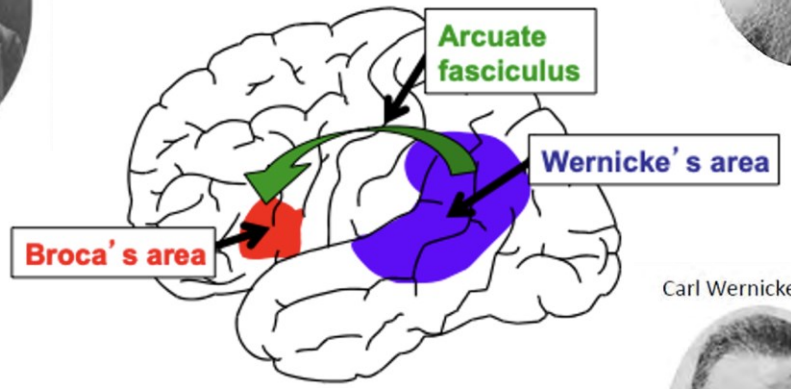
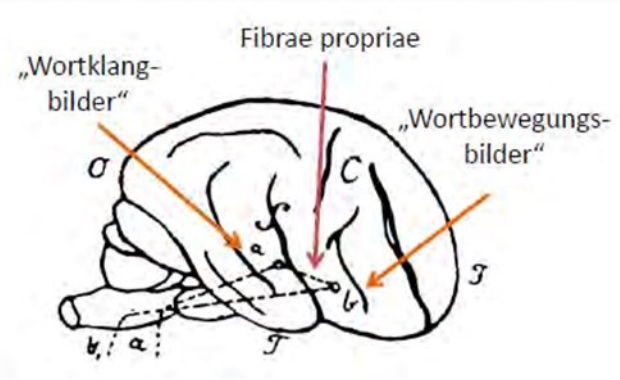
Non stroke Aphasia

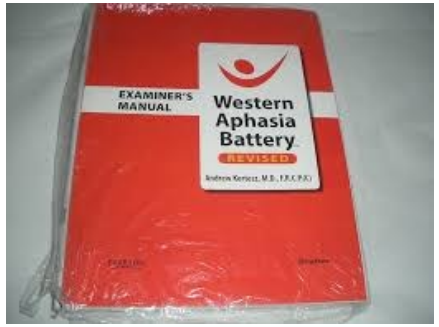
Paul Broca (1861)

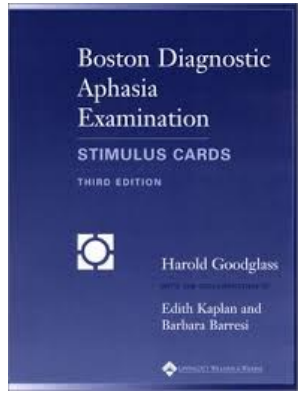
Ludwig Lichtheim (1885)



Carl Wernicke (1874)







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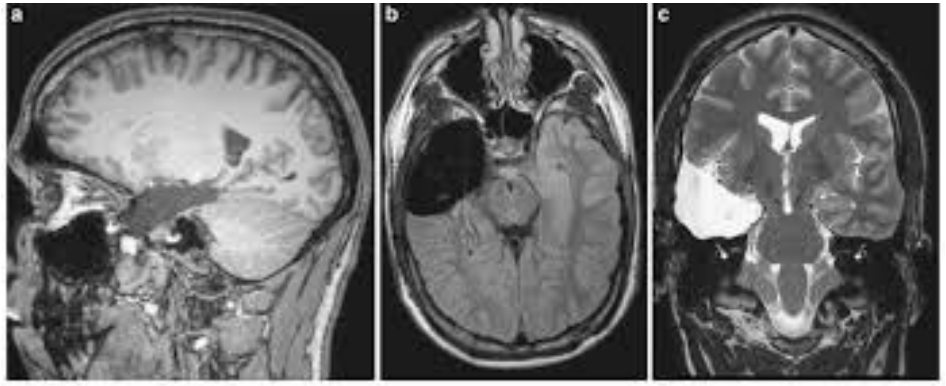
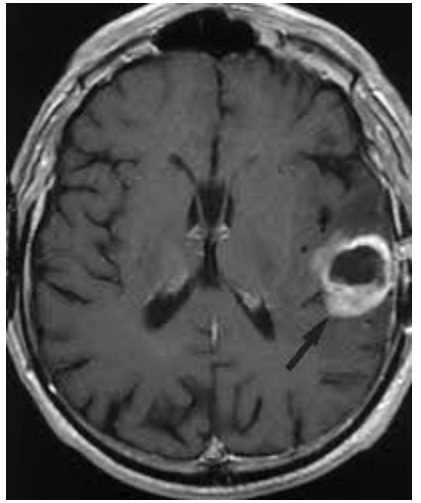
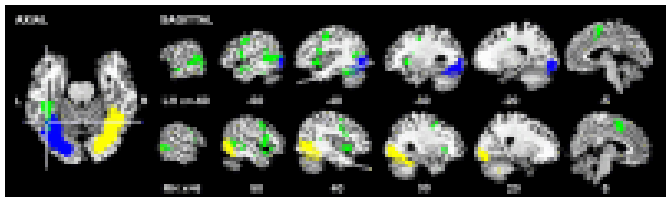
Non stroke Aphasia

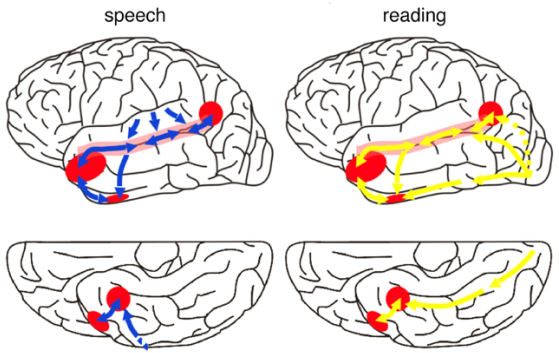




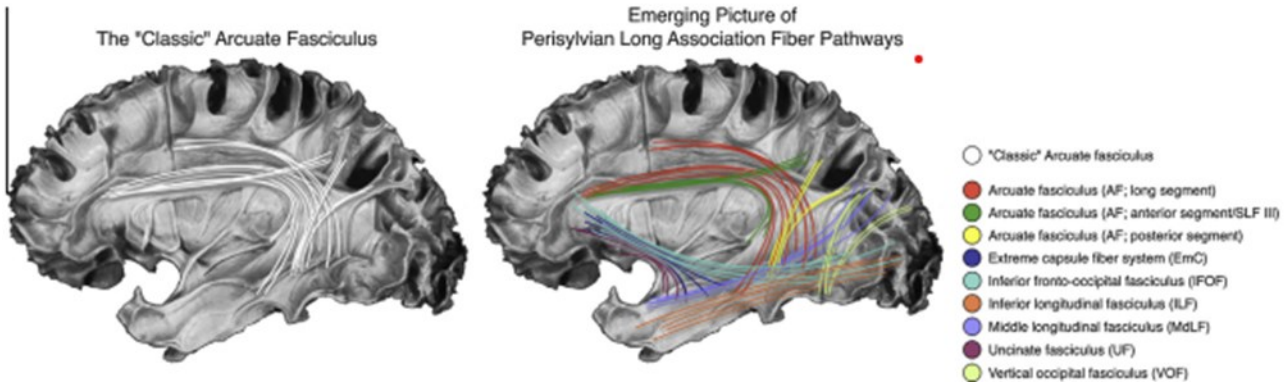
Beyond classic regions and models



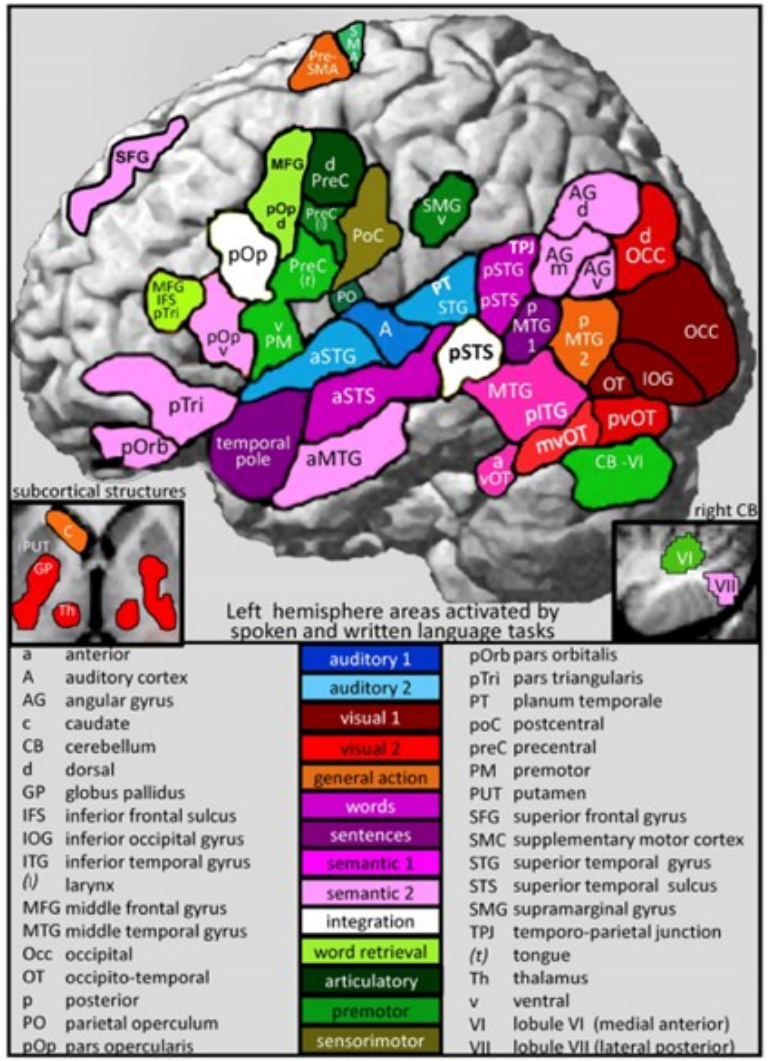
Woodhead et al, 2011



Spitsyna et al., 2006



Tremblay and Dick, 2016,



Price et al., 2012

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Use models other than stroke to understand language networks and recovery?

Prevalence of non-stroke aphasia in epilepsy and brain cancer?

Understanding trajectory of different non-stroke aphasias?

Developing pre-surgical fMRI paradigms to minimise risk of post-surgical aphasia

Develop and test therapies for brain cancer and epilepsy

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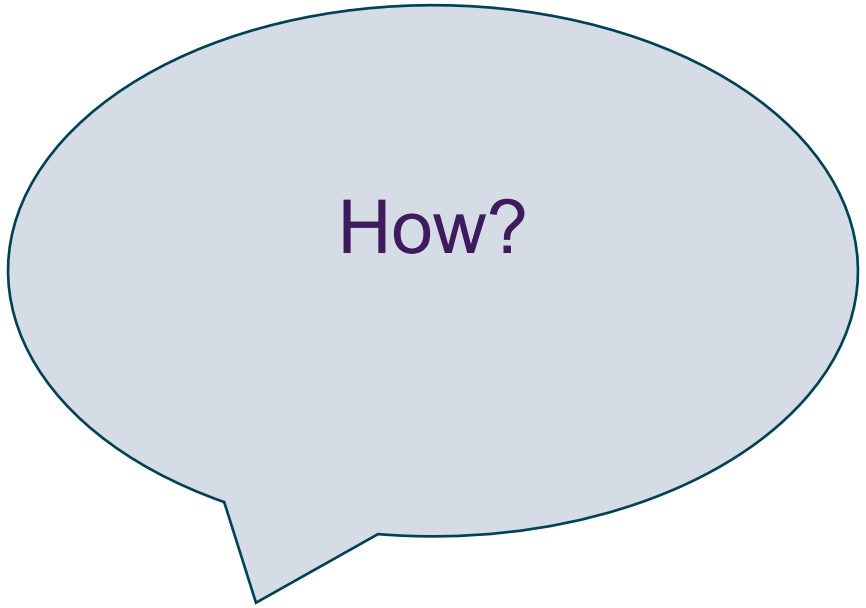

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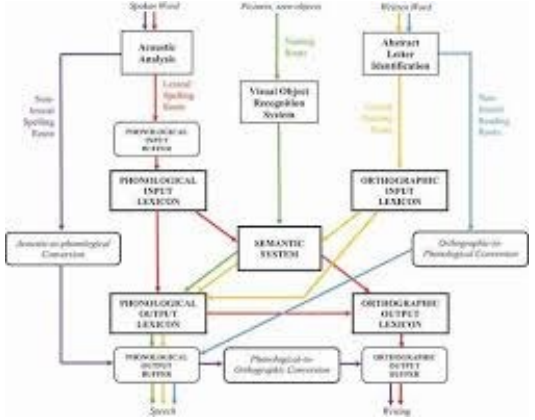
Assessing language

	Epilepsy	Brain tumour
Cognitive Neuropsychological model: CAT	85%	77%
Classic model of language: WAB	19%	19%
Classic model of language: Noun naming	12%	8%
Subjective self-report	80%	68%



Reardon et al., (2023). *Epilespy and behaviour*

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Presurgical fMRI planning

	Paradigm	Language task (Baseline task)	Input	Output	Anterior view	Posterior view	Lateral view (L)	Lateral View (R)
Novel writing tasks[1,2]	*Written autobiographical*	Autobiographical writing *(Symbol copy)*	Write about what you did on your last holiday.					
Semantic decision tasks[3,4]	*Semantic decision (nouns)*	Semantic decision *(Number Decision)*	thimble needle cotton					
	Semantic decision (verbs)	Semantic decision *(Number decision)*	smiling crying laughing					
Adaptive language mapping paradigms[5,6]	*Adaptive semantic*	Semantic judgement *(Symbol string judgement)*	elephant circus					
	Adaptive rhyme	Rhyme judgement *(Symbol string judgement)*	peacon sheekin					
American Society of Functional Neuroradiology (ASFNR) recommended[7]	*Sentence completion*	Sentence completion *(Viewed nonsense sentences)*	Lions have very sharp ____.	N/a (subvocal)				
	Silent word generation	Phonemic fluency *(Viewed symbols)*	A	N/a (subvocal)				

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Develop speech and language therapies

CanCommunicate for brain tumour

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Epilepsy and language education handouts

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Thank You

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Unspoken, Unheard, Unmet: Improving Access to Preventative Health Care through Better Conversations about Care

Funded by the Medical Research Future Fund (MRFF)
2021 Dementia Ageing and Aged Care Grant Opportunity (MRF2015728)

Associate Professor Sarah Wallace

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Queensland Government

Research Objective

We will co-design, implement, and evaluate Better Conversations about Care—a multi-component intervention to support conversations about care in community and residential aged care settings

The Research Team

Sarah Wallace
Speech Pathology

Louise Hickson
Audiology

Victoria Palmer
Primary Care Mental Health & Co-Design

Nerina Scarinci
Speech Pathology

Dierdre Fetherstonhaugh
Nursing

Samantha Siyambalapitiya
Speech Pathology & Culturally Responsive Health Care

Anthony Angwin
Speech Pathology & Language Neuroscience

David Copland
Speech Pathology & Language Neuroscience

Peter Worthy
Interactional Design & Law

Kirstine Shrubsole
Speech Pathology & Implementation Science

Asad Kahn
Biostatistics & Epidemiology

Joanne Mary Wood
Optometry

Aparna Arjunan
Medicine (Geriatrics)

Geoff Argus
Psychology

Asmita Manchha
Aged care
Research Fellow

Michelle King
Law
Research Fellow

Kyla Hudson
Speech Pathology
Research Fellow

Bridget Burton
Speech Pathology
PhD Student

Partner Organisations + Steering Committee

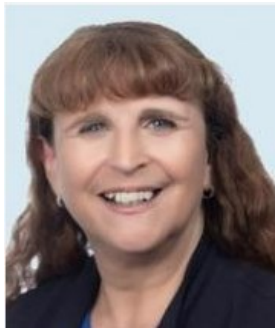
Kym Torresi
Speech Pathology Australia

Leah Allen
Wesley Mission Queensland

Sandra Glaister
Southern Cross Care Queensland

Peter Worboyes
Ethnic Communities Council of Queensland

Samantha Edmonds
Older Person's Advocacy Network



Barbra Timmer
Audiology Australia

Geoff Argus
Southern Queensland Rural Health Network

Loren de Vries
Aged Care Quality and Safety Commission

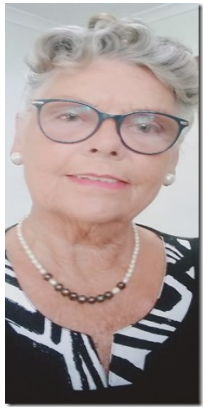
Living Experience Advisory Group (LEAG)

Gwenda Darling

Lesley Forster

Jen Muller

Kristina Chelberg



Danijela Hliš

Jasmine Siggs

Jeff Murray

Stage 1a: Experience Gathering through Qualitative Interviews

Data has been collected from two studies:

1. Conversations about Care (MRFF)
2. Dementia Centre for Research Collaboration Pilot Grant (2022)

Interviews have now been conducted with:

28 people who use aged care services

25 family members or significant others

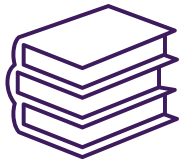
28 aged care workers

Fieldwork: Rural & Remote Aged Care Services, April 2024

Workstream A: Identifying older adults' communication support needs/preferences

THE UNIVERSITY OF QUEENSLAND AUSTRALIA

Workstream aim: to co-design and evaluate a tool which identifies communication support needs and preferences for older people in Australian aged care in partnership with aged care providers (workforce), recipients, and significant others.

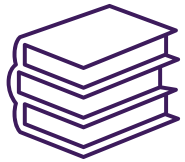


Scoping review: Factors influencing communication of older adults

Co-design workshops

Test validation

2023 | 2024 | 2025 | 2026



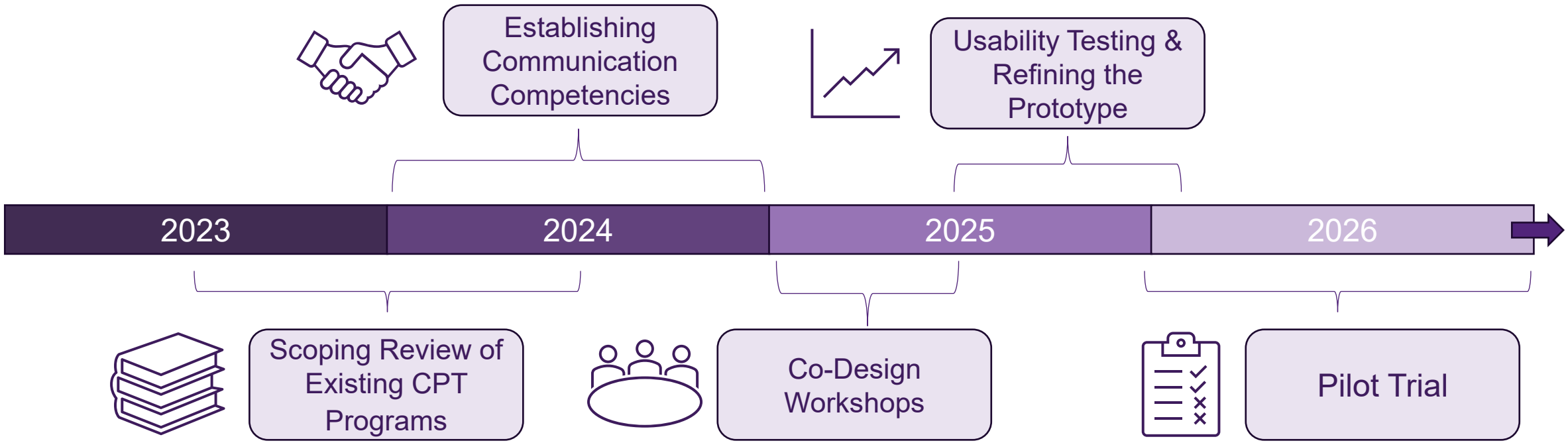
Scoping review: Tools identifying communication support needs/preferences

Cognitive interviews

Workstream B: Communication Skills Training for Australian Aged Care Workers

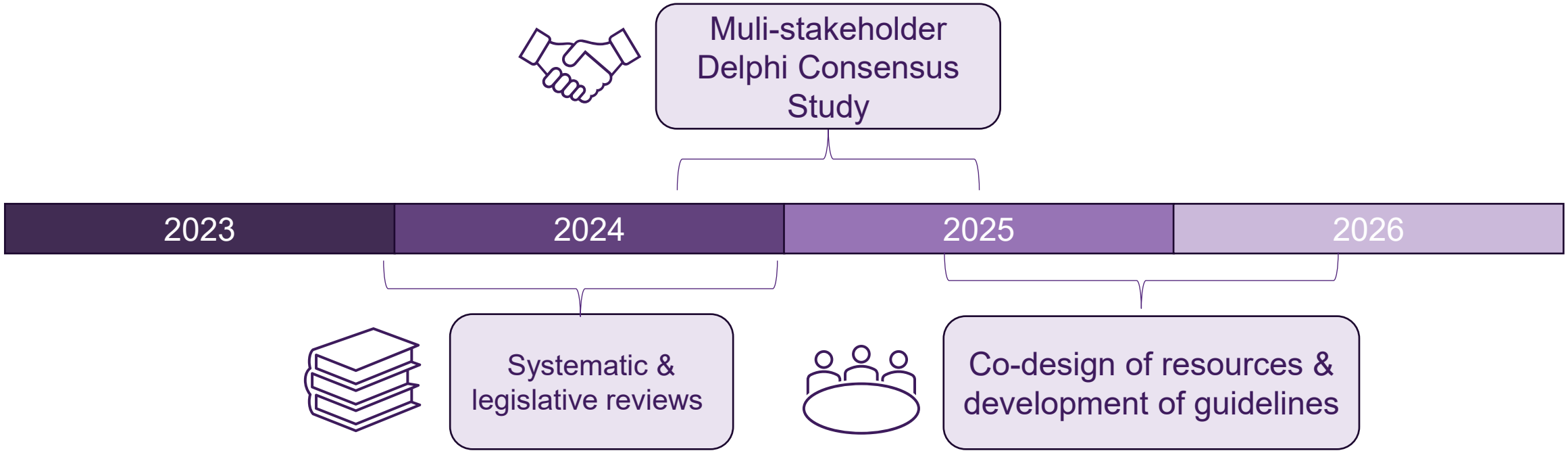
The University Of Queensland AUSTRALIA

Workstream Aim: To co-design and evaluate a fit-for-purpose communication training program for the Australian aged care workforce.



Workstream C: Guidelines for communication support, decision-making, and feedback and complaints resolution + Accessible + Picture-based resources

Workstream Aim: Embedding communication support in aged care by providing Guidelines for communication, decision-making, and feedback and complaints, including the investigation of complaints



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If you are a decision-maker for/with a person who uses aged care services (a guardian or Power of Attorney) – we'd love to interview you! Scan the QR Code for the project EOI form and get in touch.

conversationsaboutcareproject@uq.edu.au

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The **Aphasia Implementation Toolkit**

Kirstine Shrubsole, Emma Power, David Copland, Sarah Wallace, Rachel Levine, Elizabeth Lynch, John Pierce, Bridget Burton, Megan Trebilcock

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Background

There are over 80 recommendations to guide aphasia practice

There are evidence practice gaps in aphasia services

Speech pathologists can improve services with implementation support & resources

First, we want to know – what are **the most important** recommendations?

There are 23 aphasia recommendations that are:

1) supported by strong evidence or
2) consumer-important

Included **23** recommendations based on **strong evidence**

Included **7** **recommendations important** to people with aphasia and their family members (Wallace et al., 2023)

Bundled 23 Recommend-ations

Clinical Guidelines (Stroke Foundation, 2023); Aphasia Best Practice Statements (Power et al., 2015)

SCAN ME

We identified the ‘top 10 important recommendations’

Survey: 82 clinicians & 26 people with lived experience of aphasia scored the **importance** of each of the 23 recommendations (n=108)

10 “rated” as **most important by 108 people**

These were turned into
‘11 quality indicators’ → MEASuRES project

11 QUALITY INDICATORS FOR POST STROKE APHASIA SERVICES

A screener and/or assessment is completed to determine if communication impairment (including aphasia) is present.

Information about aphasia is provided to the person with aphasia's significant other(s).

Information about support is provided to the person with aphasia's significant other(s).

A valid and reliable standardised assessment is conducted to determine the severity of aphasia.

Information about aphasia is provided to the person with aphasia.

The primary communication partner of the person with aphasia is provided with communication partner training.

The person with aphasia receives person/family centred care.

Goal setting is undertaken in partnership with the person with aphasia and their significant others.

Individualised recommendations for communicating with the person with aphasia are provided to the treating team.

There is training for staff in supported communication for aphasia.

The person with aphasia receives speech and language therapy.

https://doi.org/10.1111/hex.14173

These were then voted on to identify ‘implementation priorities’

1. **Assessment** = The person with suspected aphasia should be **assessed** by a speech pathologist to determine the **presence and severity of aphasia**.
2. **Information provision** = All people with aphasia should be **offered information** tailored to meet their needs using relevant communication formats.
3. **Goal setting = Goals** should be **set together** with the person with aphasia, their family or carer, and speech pathologist.
4. **Person & family centred services** = Aphasia services should be **person and family centred**. People with aphasia and their families should be involved in all stages of rehabilitation.
5. **Offered aphasia therapy** = All people with aphasia should be **offered therapy** to improve their ability to communicate if they have ongoing goals.
6. **Comprehensive & individualised treatment** = Aphasia rehabilitation should be **comprehensive and individualised** to address the impact of aphasia on functional everyday activities, participation & quality of life.






The Implementation Toolkit

Strategies to close evidence-practice gaps **need to be tailored** to specific contexts **- but this is time-consuming**

An **implementation toolkit** is a collection of adaptable documents to inform and facilitate practice change (Yamada et al 2015)

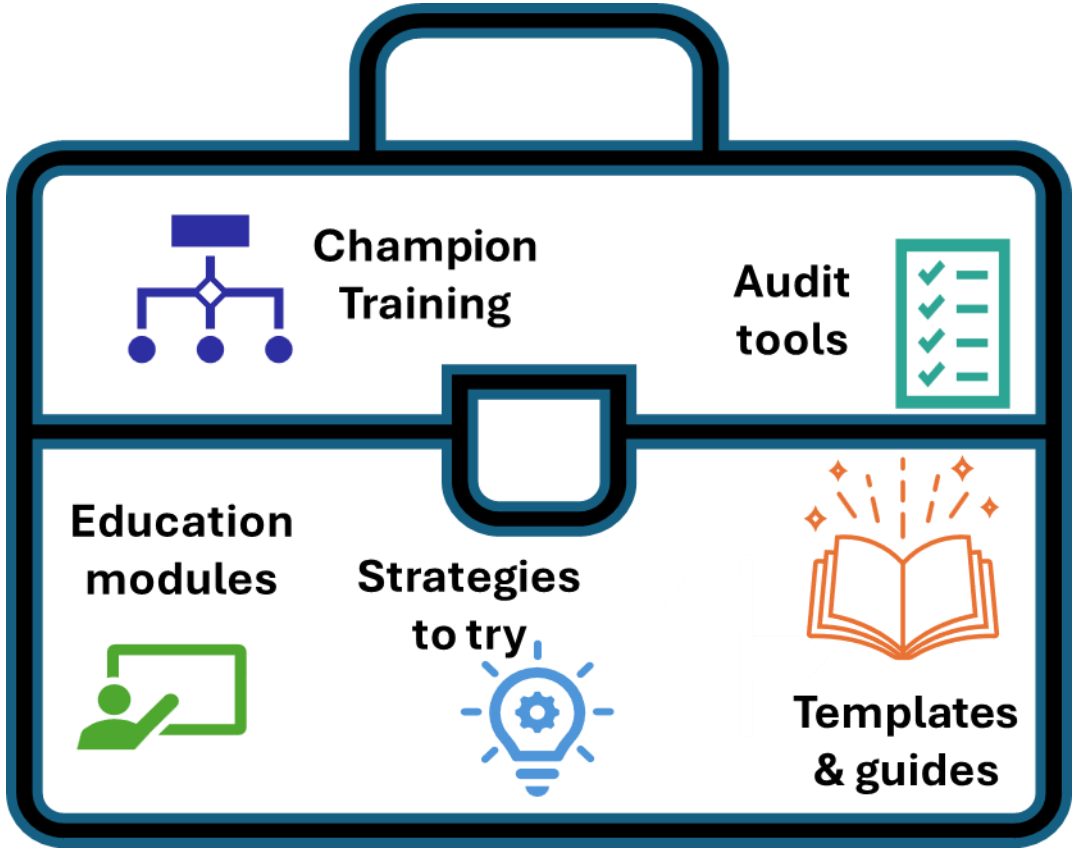
Trained facilitators/**champions** are effective in supporting practice change in other areas (Ritchie et al 2021), but not well utilised in speech pathology

An **implementation toolkit** led by trained **change champions** is a potential solution to reduce evidence-practice gaps in aphasia

What will the Toolkit do?

The toolkit aims to help speech pathologists improve their aphasia services:

- Audit tools
- Guides to identify barriers
- Modules about the evidence
- Implementation strategies
- Training for change champions



How will it work?

1. **A service will sign up to the Toolkit**
2. **Change Champions will complete training, & learn skills in knowledge translation and how to use the toolkit, such as how to:**
    - Identify a priority area for improvement
    - Identify local barriers
    - Select and use implementation strategies
    - Support and monitor implementation
    - Sustain practice change

What have we done so far?

Design & Procedure:

- **13 speech pathologists** at 1 health service participated
- **2 Change Champions (see Fig. 1):**
  - ✓ Conducted audits of practice
  - ✓ Completed ***Barrier-Strategies Matching Tool*** - selected & tailored tools to local barriers
  - ✓ Facilitated team planning & implementation

Data collection & Analysis:

- Pre-post medical record **audits**
- Clinician **surveys** & **3 focus groups**

Key implementation strategies
Change Champions
Audit & feedback
Resource provision
Team goals, actions & processes
Education & training

1. Pre-post file audits = *improvement in target behaviour*

Provision of written information about aphasia			
Pre	Post	Change	Fisher's exact test
0/10 (0%)	6/10 (60%)	60% ↑	***p=0.005 Significant ↑**

2. Survey = *12/14 targeted barriers improved*

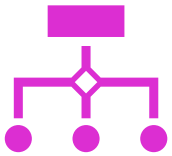
3. Clinician focus groups = *feasible & acceptable*

Goal = "To provide written information about aphasia"

What is next?

Project Establishment

Consumer involvement at all stages



Co-design training for Implementation Champions

Field test training

Co-produce Toolkit strategies and resources

Examples may include educational modules, templates and guides, and audit tools

Toolkit testing

Pilot cluster randomised control trial with 6 health services

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How can you become involved?

Stay up to date through our UQ project page.

For more information, please contact:
Dr. Kirstine Shrubsole, k.shrubsole@uq.edu.au

Thank you to our participants and research collaborators for contributing to this research.

The Aphasia Implementation Toolkit is funded by a 2024 National Health and Medical Research Council (NHMRC) Emerging Leadership Fellowship awarded to Dr Kirstine Shrubsole.

BOWNESS FAMILY FOUNDATION

The establishment of QARC has been made possible by generous donations from the Bowness Family Foundation and an anonymous donor.

Aphasia Coffee Group

Queensland Aphasia Research Centre

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Who is Coffee Group for?

Coffee group is for:

- people with **aphasia –** no matter the cause
- family members
- friends.

What is Coffee Group?

Coffee group is **your** group.

- For you to **talk** to new and familiar people.
- **Share** ideas and stories.
- It is a **safe** and **inclusive** environment.
- **Ask** QARC **questions** or request information.

Where and When is Coffee Group

You can **choose** whether you want to join us **in person** or **online.**

Option 1: Join us **in person at STARS** Hospital. Level 1, 296 Herston Road, Herston.
Time: 11am - 12.30pm

Option 2: Join us online via **Zoom**.
Time: 11am - midday

Next Coffee Group

- November 12th, 11am
- Please sign up to mailing list to receive updates and zoom link.
- Sign up to mailing list here

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Aphasia Tech Hub

Dr Sonia Brownsett

A research centre of the

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Aphasia Tech Hub

Improving access to technology for people with aphasia, their support people and treating clinicians

Aphasia Techhub consultant team:

Speech Pathologists:
Sonia Brownsett
Kori Ramajoo

Lived experience consultants:
Kim Barron
Phill Jamieson

Queensland Aphasia Research Centre

What does Tech hub we do?

Queensland Aphasia Research Centre

Free workshops and seminars

Group education provided: AAA Aphasia Camp, Seniors on-line, CHAT program, in-service development, SIGs, student lectures

Free one-to-one/ jointconsultations and coaching
(person with aphasia, clinicians, researchers, tech developers and students)

Queensland Aphasia Research Centre

Technology drop-in during coffee group

Aphasia friendly/communication accessible guides

Support across Australia (QLD, Victoria, Northern Territory, NSW, Tasmania)

Online zoom coffee group

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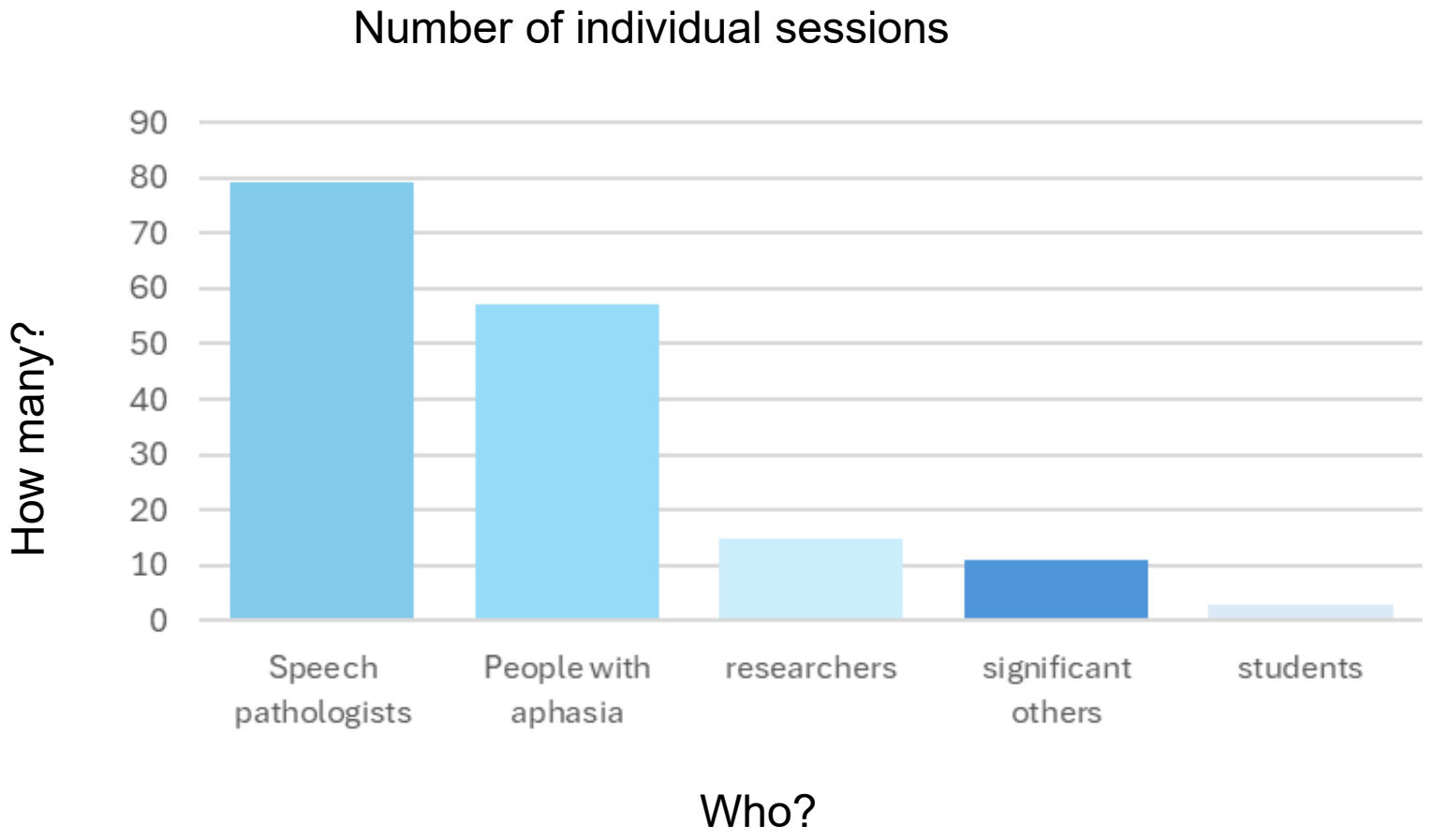
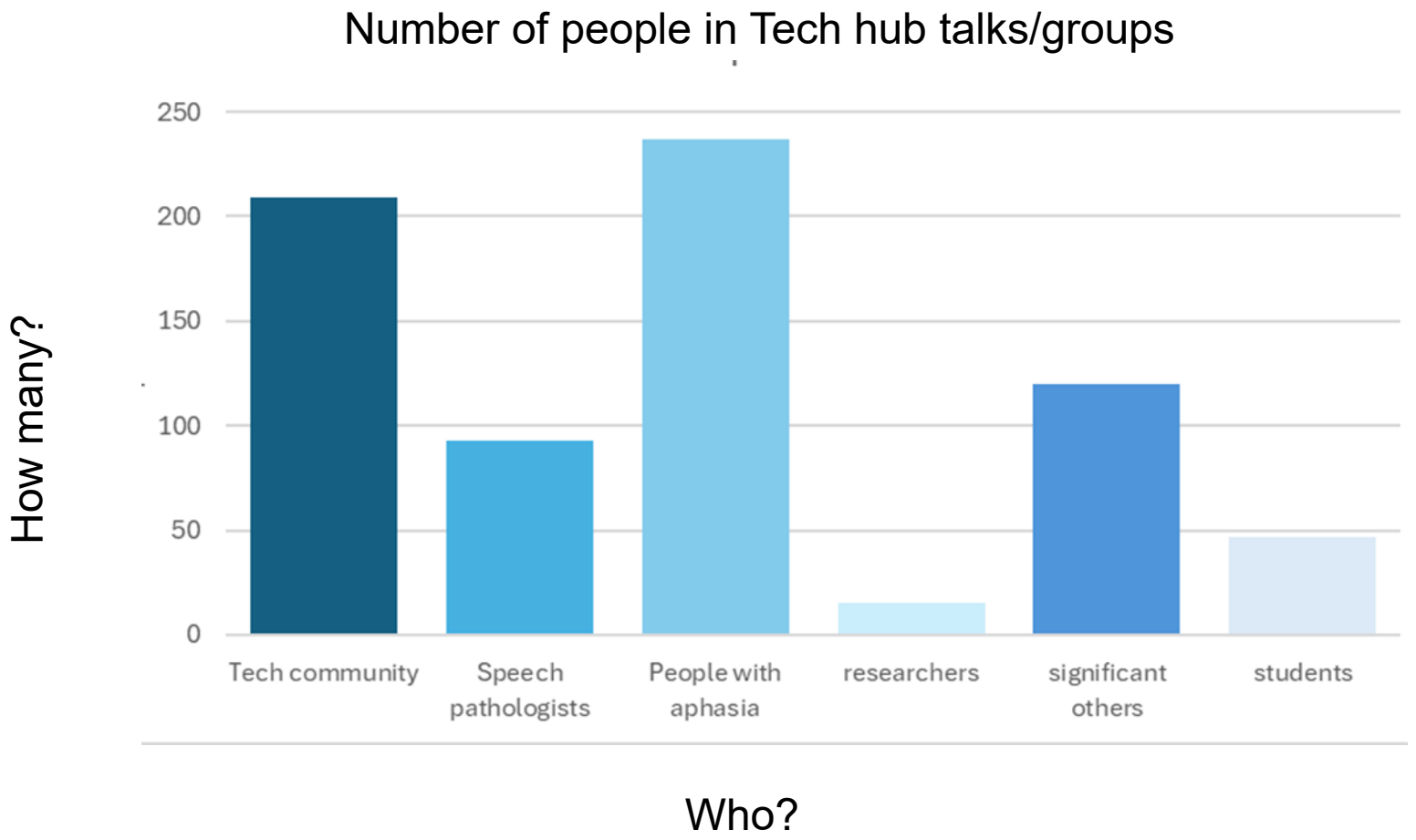
How many so far?



Queensland Aphasia Research Centre

How many so far?



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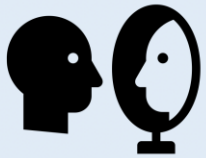
Examples of our consults

Aphasia Recovery + Technology

Self-management



(Managing your recovery)

Safety

Daily Life

Connecting

Therapy

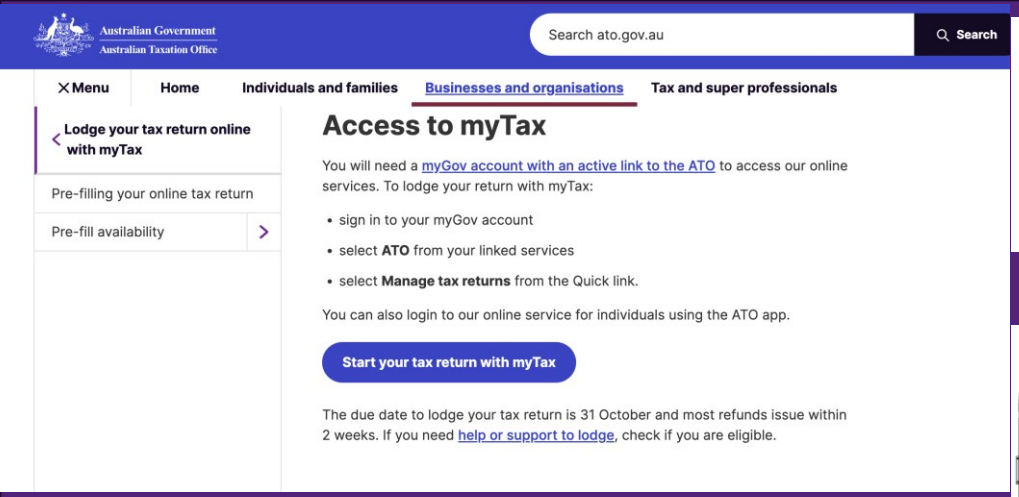
Fun

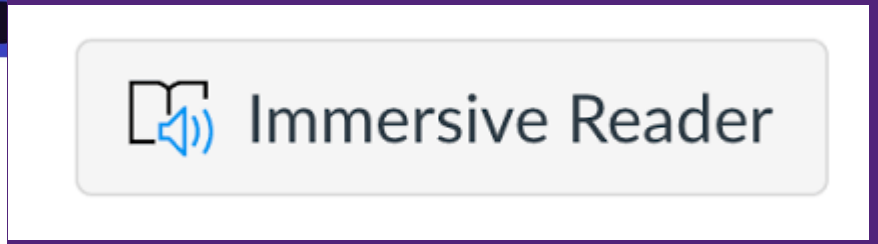
Help when I'm tired or stuck

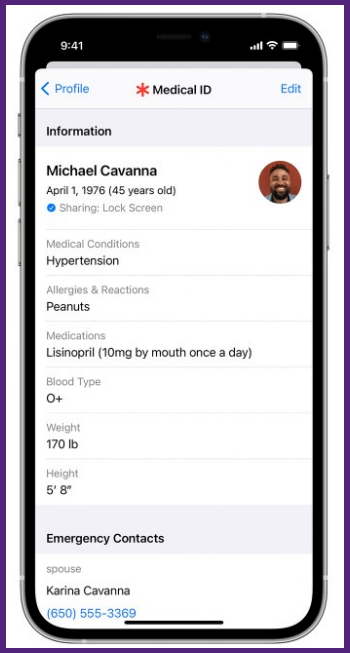
CRICOS code 00025B

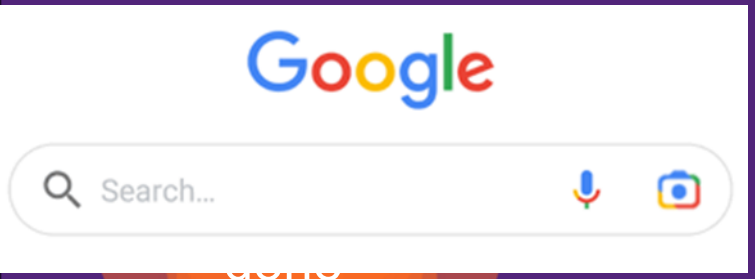
Evidence for therapy apps

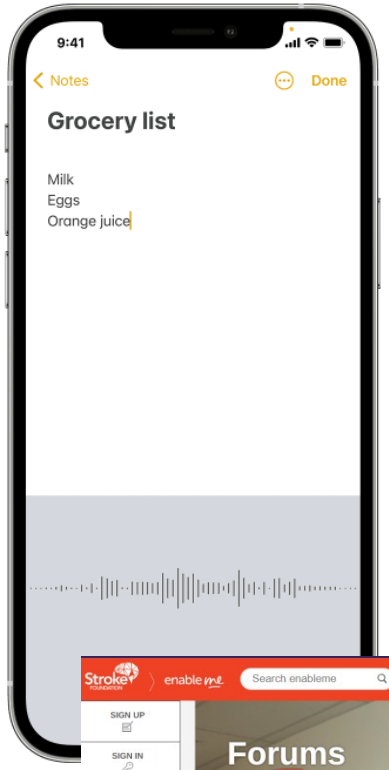
Target	Software	Study	Significant results	Level of Evidence	Risk of Bias	Recommend
Auditory word comprehension	Listen-In	Fleming et al. (2021)	Yes	II	9 of 13	yes
Mixed expressive and receptive language targets	AphasiaMate	Archibald et al. (2009)	Yes	IV	8 of 10	yes
	Constant therapy	Braley et al, (2021)	Yes	II	7 out of 13	yes
		Kiran et al, (2014)	NA	IV	5 out of 10	
	MossTalk Words	Raymer et al. (2006)	No	IV	7 of 10	no
	Power-Afa	De Luca et al. (2018)	Yes	II	8 of 13	yes
	Talkpath	Steele et al, (2014)	Mixed	IV	9 out of 10	yes
	Tactus Therapy	Stark & Warburton (2018)	Yes	III-2	8 of 10	yes
Narrative production	SentenceShaper	M^{c}Call et al. (2009)	Yes	IV	7 of 8	yes
		Albright & Purves (2008)	No	IV	6 of 8	
Oral reading	ORLA	Cherney et al. (2021)	Yes	II	8 of 13	yes
		Cherney (2010)	No	II	4 of 13	
Script production	AphasiaScripts	Cherney et al. (2019)	Yes	III-3	4 of 8	yes
		Cherney et al. (2008)	No	IV	6 of 9	
		Cherney & Halper (2008)	No	IV	6 of 9	
Single word reading	iReadMore	Woodhead et al. (2018)	Yes	III-3	7 of 9	yes
Word retrieval	MossTalk Words	Fink et al. (2002)	Yes	IV	7 of 10	yes
		Ramsberger & Marie (2007)	Mixed	IV	9 of 7	
	StepByStep	Palmer et al. (2019)	Yes	II	10 of 13	yes
		Palmer et al. (2012)	Yes	II	9 of 13	
		Mortley et al. (2004)	Yes	IV	5 of 10	


Australian Government
Australian Taxation Office
Search ato.gov.au
Search
Menu
Home
Individuals and families
Businesses and organisations
Tax and super professionals
Lodge your tax return online with myTax
Pre-filling your online tax return
Pre-fill availability
Access to myTax
You will need a myGov account with an active link to the ATO to access our online services. To lodge your return with myTax:
sign in to your myGov account
select ATO from your linked services
select Manage tax returns from the Quick link.
You can also login to our online service for individuals using the ATO app.
Start your tax return with myTax
The due date to lodge your tax return is 31 October and most refunds issue within 2 weeks. If you need help or support to lodge, check if you are eligible.


Immersive Reader


9:41
Profile
Medical ID
Edit
Information
Michael Cavanna
April 1, 1976 (45 years old)
Sharing: Lock Screen
Medical Conditions
Hypertension
Allergies & Reactions
Peanuts
Medications
Lisinopril (10mg by mouth once a day)
Blood Type
O+
Weight
170 lb
Height
5' 8"
Emergency Contacts
spouse
Karina Cavanna
(650) 555-3369


Google
Search...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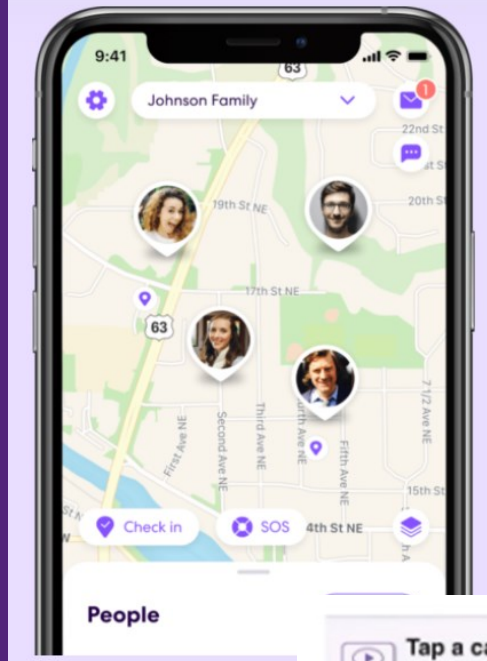
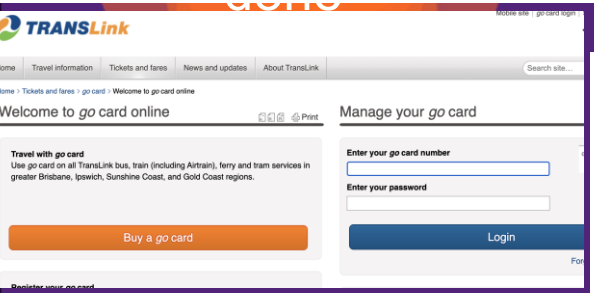
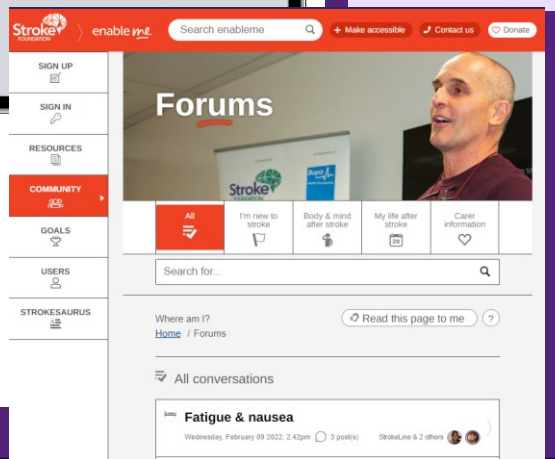
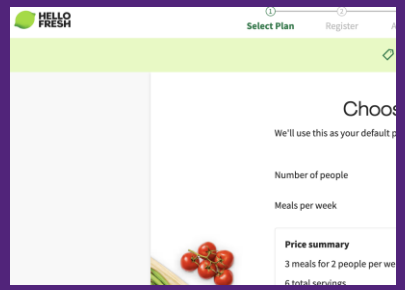
Notes
Done
Grocery list
Milk
Eggs
Orange juice


9:41
Johnson Family
Check in
SOS
People


TRANSLink
Travel information
Tickets and fares
News and updates
About TransLink
Welcome to go card online
Manage your go card
Buy a go card
Login


Close
10:09
It looks like you've taken a hard fall.
SOS
EMERGENCY SOS
I'm OK


Stroke
enable me
Search enableme
Make accessible
Contact us
Donate
SIGN UP
SIGN IN
RESOURCES
COMMUNITY
GOALS
USERS
STROKESAURUS
Forums
Search for...
Where am I?
Home / Forums
Read this page to me
All conversations
Fatigue & nausea


HELLO FRESH
Select Plan
Register
Number of people
Meals per week
Price summary


Tap a card. Remember the picture. Find the matching picture.
Find all the other pairs in as few tries as possible.
Correct
Next

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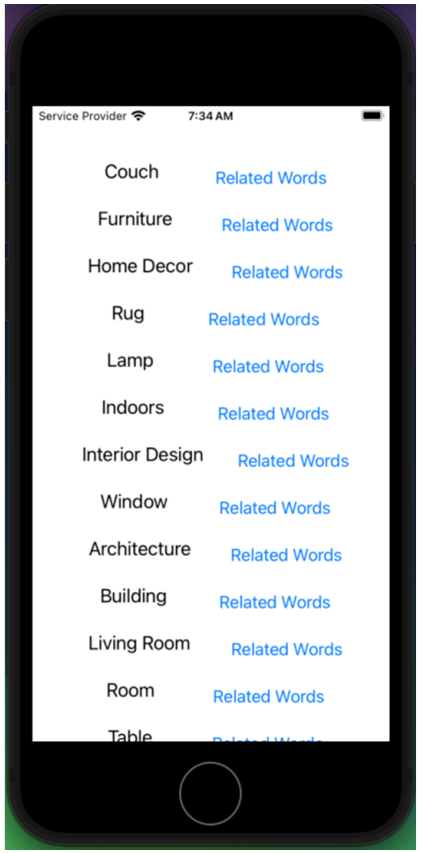
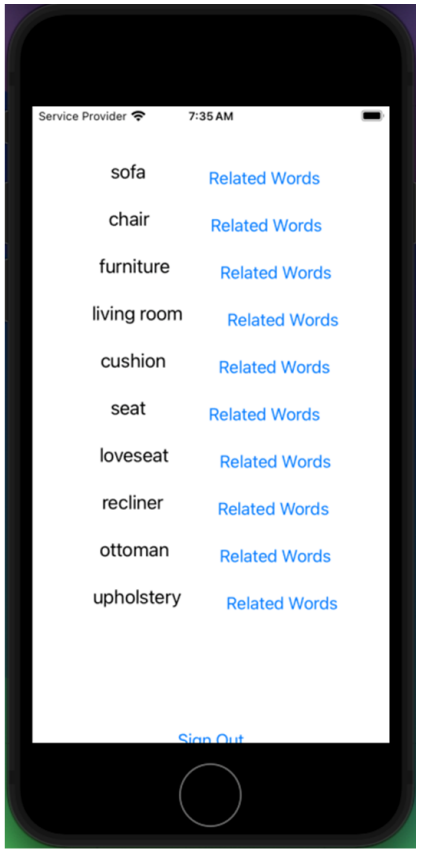
Develop new technology





Queensland Aphasia Research Centre

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Kori Ramajoo

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techhub@uq.edu.au

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text. +61 473643237
email: techhub@uq.edu.au

Queensland Aphasia Research Centre

How to get involved at QARC

Clinicians and students

A research centre of the

STARS Education and Research Alliance

CREATING KNOWLEDGE | TRANSFORMING CARE

The University of Queensland AUSTRALIA

Metro North Health

Queensland Government

Queensland Aphasia Research Centre

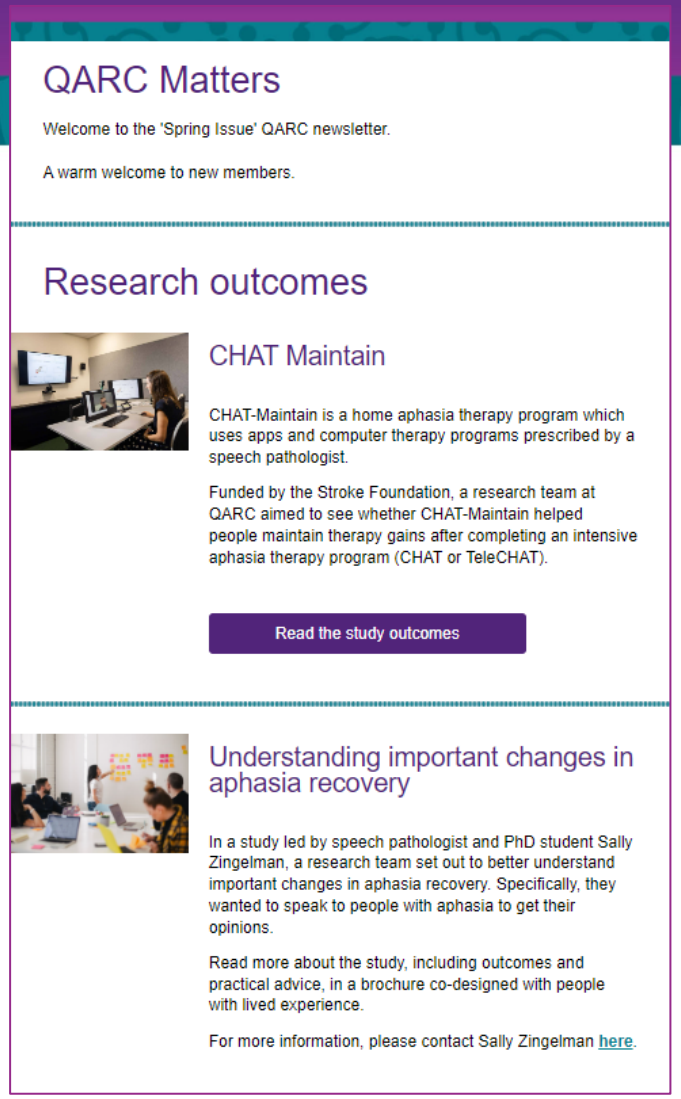
There are many ways you can be involved:

1. Become a QARC clinical affiliate
   - Clinical Forum
   - Regular newsletters
2. Research involvement:
   - participation, direction, research ideas, research higher degree.
3. Support

Queensland Aphasia Research Centre

Become a clinical affiliate

1. Regular communications:
   - "QARC Matters" newsletter
   - research updates
   - invitations to do research
   - Workshops / events
   - And more…



QARC Matters

Welcome to the 'Spring Issue' QARC newsletter.

A warm welcome to new members.

Research outcomes

CHAT Maintain

CHAT-Maintain is a home aphasia therapy program which uses apps and computer therapy programs prescribed by a speech pathologist.

Funded by the Stroke Foundation, a research team at QARC aimed to see whether CHAT-Maintain helped people maintain therapy gains after completing an intensive aphasia therapy program (CHAT or TeleCHAT).

Read the study outcomes

Understanding important changes in aphasia recovery

In a study led by speech pathologist and PhD student Sally Zingelman, a research team set out to better understand important changes in aphasia recovery. Specifically, they wanted to speak to people with aphasia to get their opinions.

Read more about the study, including outcomes and practical advice, in a brochure co-designed with people with lived experience.

For more information, please contact Sally Zingelman here.

Queensland Aphasia Research Centre

Clinical Forum

Purpose: idea-sharing and discussion platform hosted by QARC.
Discuss research being done in research and clinical settings
Support translation of research into practice.

Aims:

1. Provide updates
2. Facilitate discussion around translation (barriers / facilitators)
3. Open discussion and collaboration between researchers and clinicians.
4. Promote sharing of resources and clinical problem solving in supportive environment.

Queensland Aphasia Research Centre

Previous Forum topics

1. AI and acquired communication disability
2. Working with First Nations people with stroke and aphasia
3. Needs of families living with aphasia: in hospital, after discharge and now.
4. Aphasia Management and AAC
5. Delivering a comprehensive high-dose aphasia therapy via telepractice

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Research involvement

1. Participation
2. Clinical advisor / research team
3. Research ideas / gaps
4. Research higher degrees

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Provide feedback and direction

1. Provide ideas for Clinical Forum
2. Let us know if you're looking for resources or if using resources.

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Support

1. Tech Hub consultations
2. QARC team site visits
3. Grant development

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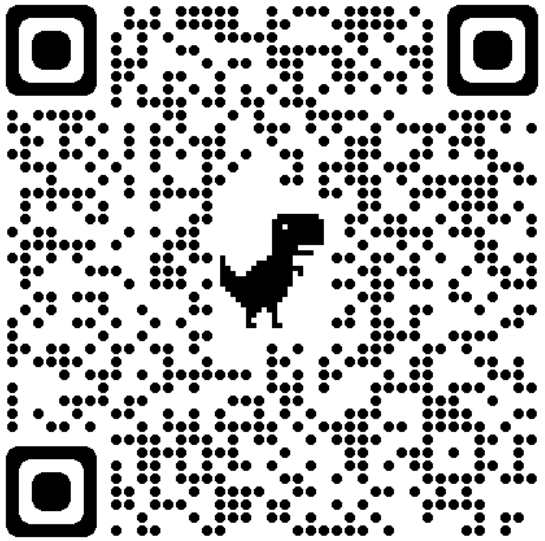
Join the mailing list

Contact us:

qarc@uq.edu.au

PH: (07) 3365 7595



Thank you!

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Email: qarc@uq.edu.au
Website: shrs.uq.edu.au/qarc

BOWNESS FAMILY FOUNDATION

The establishment of QARC has been made possible by generous donations from the Bowness Family Foundation and an anonymous donor.