

## **Providing a foundation for implementation: The development and validation of Australian aphasia rehabilitation best practice statements.**

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**Background/objectives:** Aphasia is a language disorder prevalent in 31% of first time strokes and is still present in 60% of stroke patients 12 months post-onset. Aphasia requires implementation of complex interventions and recent National Stroke Foundation audits continue to show evidence-to-practice gaps in aphasia care (NSF, 2012). Additionally, there also is a lack of high-quality and detailed evidenced-based recommendations for aphasia rehabilitation (Rhodes et. al, 2012) to assist clinicians with daily clinical decision making. The NHMRC Clinical Centre for Research Excellence in Aphasia Rehabilitation has driven a national collaborative effort in order to enhance the quality and consistency of aphasia rehabilitation. Using a KTE framework (Graham et al., 2006) and Community of Practice (COP) approach, the CCRE Aphasia has developed the Australian Aphasia Rehabilitation Pathway (AARP). The AARP contains evidence-based and expert-endorsed care standards, Best Practice Statements, which are formulated into a dynamic web-based implementation tool. In this paper we describe the AARP development process and outcome.

**Method:** The RAND/UCLA Appropriateness Method (RAM) was used to combine best available scientific evidence from a literature review and synthesis with the collective judgment of a national panel of aphasia experts. Nine panel members were recruited from the CCRE Aphasia COP and represented the geographical diversity of speech pathologists and clinical and research expertise across the continuum of aphasia rehabilitation. All panelists rated the best practice statements in two rounds via email and then in a face to face meeting. Each statement was rated on a scale of 1-9, with 9 being the most appropriate. Statements that achieved a high level of agreement and an overall median score of 7-9 were rated as 'appropriate'.

**Results:** Seventy four best practice statements were rated across eight areas of care (e.g., receiving the right referrals, providing intervention). At the end of round 1, 71 of the 74 statements were rated as appropriate, no statements were rated as inappropriate and three statements were rated as uncertain. All 74 statements were then rated again in the second, face to face round. Thirteen statements were added through splitting existing items or adding new statements. Seven statements were deleted leaving 80 statements. Agreement was reached for 79 of the final 80 statements. The statements have been incorporated into the Australian Aphasia Rehabilitation Pathway ([www.aphasiapathway.com.au](http://www.aphasiapathway.com.au)), an online tool providing a set of care standards for aphasia management along with practical resources for implementation.

**Conclusions:** The face to face RAM meeting provided important opportunity for debate and discussion to refine the final best practice statements that could not be achieved with the email round alone. The development of national evidence-based and expert-endorsed best practice statements for aphasia rehabilitation is a critical foundation step for a national implementation effort in aphasia rehabilitation.