NURSING SWALLOW SCREENING: THE GOOD, THE BAD, & THE UGLY

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- Stroke – leading neurological cause of dysphagia
- 600,000 patients affected by dysphagia per year
- 55% of acute stroke patients admitted have dysphagia
- Stroke patients with dysphagia regardless of severity or presence of aspiration are 5x more likely to develop pneumonia than stroke patients without dysphagia
- * "Earlier detection allows for earlier treatment which not only shortens the stroke recovery period, but also reduces the overall rehabilitation cost."
- ** "Up to 35% of deaths that occur after stroke are due to pneumonia"
LITERATURE REVIEW

• “The World Health Organization recognizes collaboration amongst professionals in education and practice as an ‘innovative strategy that will play an important role in mitigating the global health workforce crisis’” (World Health Organization, 2010)

• “By engaging with professionals from a different expertise and background, SLPs can broaden their knowledge and practice to achieve specific health goals for patients with dysphagia.” (Dondorf et al, 2015)

• “Collaborative practices can decrease patient’s length of stay in a facility, reduce patient’s medical complications, as well as reduce staff turnover, tensions and conflict among caregivers, and most importantly, reduce mortality rates” (World Health Organization, 2010)

• “Specifically, there was evidence across published studies for the reduction of both pneumonia and death events in patients who were screened for dysphagia, versus those who were not.” (Martino et al, 2018)

MOTIVE

• Joint Commission
• Patient Needs
• Early Detection
• Efficiency
• Collaborative Relationship

VALIDATED SWALLOW SCREENINGS

• Toronto Bedside Swallow Screening Test (TOR-BSST)
• BURKE DYSPHAGIA SCREEN
• 3 OZ. WATER TEST
• BARNES JEWISH HOSPITAL DYSPHAGIA SCREEN
• MODIFIED MANN ASSESSMENT OF SWALLOWING ABILITY (MASA)
• Eating Assessment Tool (EAT-10)
• Massachusetts General Hospital Screening Tool (MGH)
• Massey Bedside Screening
DEVELOPMENT

- Directive
- SLP/Neurologist
- Committee
- Available Tools
- Decision
- Meetings
- Video

- Hospital Administration
- Online training
- Implementation
- Competency
- Resident training

TROUBLESHOOTING

- Equipment
- Skipping steps
- Training Confusion
- Rumors
- Documentation
### TROUBLESHOOTING
- Exemption rules
- Order Management
- Semantics
- Diet orders
- Exceptions

### SUSTAINABILITY
- Stroke Coordinator
- Presentations
- Feedback

### VUMC DATA
- 70-90 stroke patients admitted per month (ischemic, hemorrhagic, TIA)
- Average transport time to Vanderbilt – 154 minutes
- Average time from ED to stroke floor – 200 minutes
- Admission bundle completed within 45 minutes of admission
- Approximately 3 swallow screen oversights per month
RESEARCH
- Analyzed 203 patients that received nursing swallow screening
- Approximately 5 hours and 24 minutes from nursing screen to diet order
- 57/203 patients failed nursing swallow screening & received SLP swallow evaluations
- SLP swallow evaluation completed 13 hours and 28 minutes after MD order placed
- 98% Agreement
- Median age 65
- Most frequent day SLP evaluation order placed – Sunday
- Most frequent SLP Evaluation day – Friday

NURSING SATISFACTION SURVEY

NEXT STEPS
- Expansion
  - Level 1 Trauma Center
  - CVICU
    - More than 50% of patients with prolonged intubation following cardiac surgery present with dysphagia
    - 80% of them have an impairment at pharyngeal phase
- Validation

BARKER ET AL, 2009 & SKORETZ AND REBEYKA, 2009
SUMMARY

A nursing swallow screening is:

- Simple
- Sensitive
- Predictive

Benefits:

- Confidence
- Collaboration
- Satisfaction

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