



Dysphagia Screening: How, When and Why?

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Things for us to think about today

- Rationale
- Screening vs. evaluation
- Swallow screening tool
- Screening process
- Staff education paradigms
- Competency & reliability
- Maintaining skills
- Performance improvement/outcomes
- Reflections

Screening vs. Comprehensive Evaluation

- *Screening:*
 - TRIAGE: identifies patients “at risk” for aspiration
- *Swallow evaluation by SLP:*
 - Reviews patient’s history & complaints
 - Examines structures & function (bedside, videofluoroscopy, endoscopy)
 - Identifies causes
 - Plans and Prognosticates

Think...

stool guaiac vs. GI work-up w/ colonoscopy

Swallow Screening Tool

- Based on best practices
- Evidence-based
- Validated
- Simple to use

MGH-SST Validation Study

- To validate the MGH-SST against Fiberoptic Endoscopic Evaluation of Swallowing (FEES)

Subject Characteristics N= 100 37 males Age range: 23-88 years Neuromedical N=72 Neurosurgical N=28	Diagnoses CVA/TIA 52 SAH/SDH/Aneurysm 15 Neoplasm 13 Degenerative 7 Cervical spine 5 Seizures 3 Other (e.g. encephalitis) 5
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Sensitivity:

Presence of a failed screen when there is true dysphagia on FEES = 0.89

Specificity:

Presence of a passed screen when there is no aspiration/ dysphagia on FEES = 0.61

MGH-SST: Part One

- *Wakefulness*
- *HOB elevated*
- *Stable breathing*
- *Clean Mouth*

STOP

NPO

Document

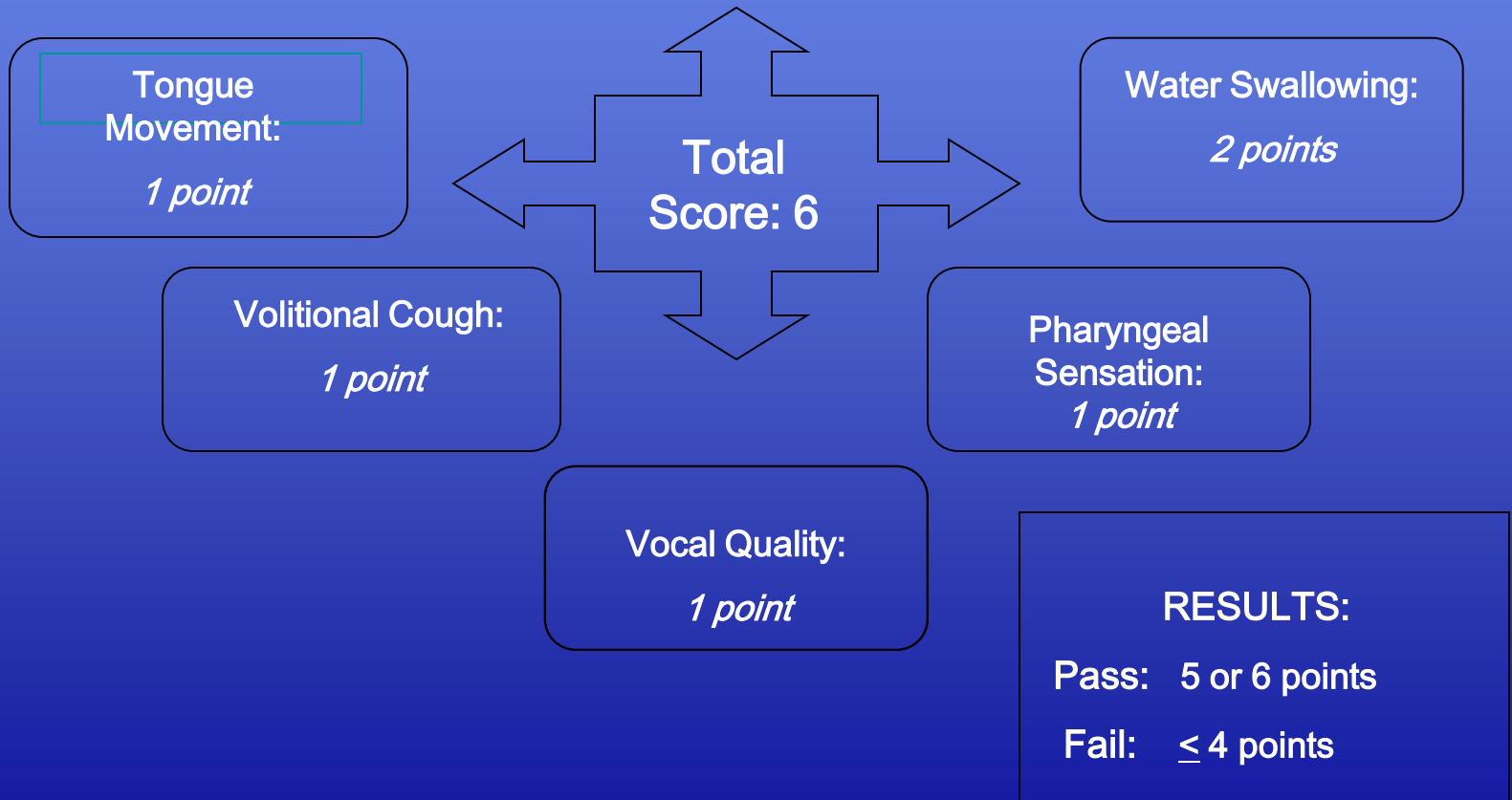
Re-screen

No

Yes

✓ Proceed
to Part 2

MGH-SST: Part Two



I have a screening tool,



Do I have a process?



Screening Process

- Staff Buy-In for Implementation
- Education paradigm
- Training model
- Documentation
- Follow through with results of screening

Who Does the Training?

SLP trains all staff

Benefits: You control the content; comes from the “dysphagia expert”

Considerations: ALL shifts; SLP time limits; clinical workload

SLP trains “super users”/champions

Benefits: Less staff for SLP to train, empowers superusers as mini experts

Considerations: Ensure superusers are expertly trained; interested and willing staff; Cover all shifts; staff turnover; sustainability

Clinical nurse specialist or nurse manager

Benefits: Fits well with their role as generally responsible for education and competencies; empowers ownership at unit level

Considerations: Competing administrative responsibilities; does this role exist?

Self-Guided Training

Benefits: Staff complete at their convenience; can include video technology; supportive reference material; allows for repeated individual reviews; eliminates trainer

Considerations: Ensure that the material is reviewed; technology / time allotted to support this; who will develop training



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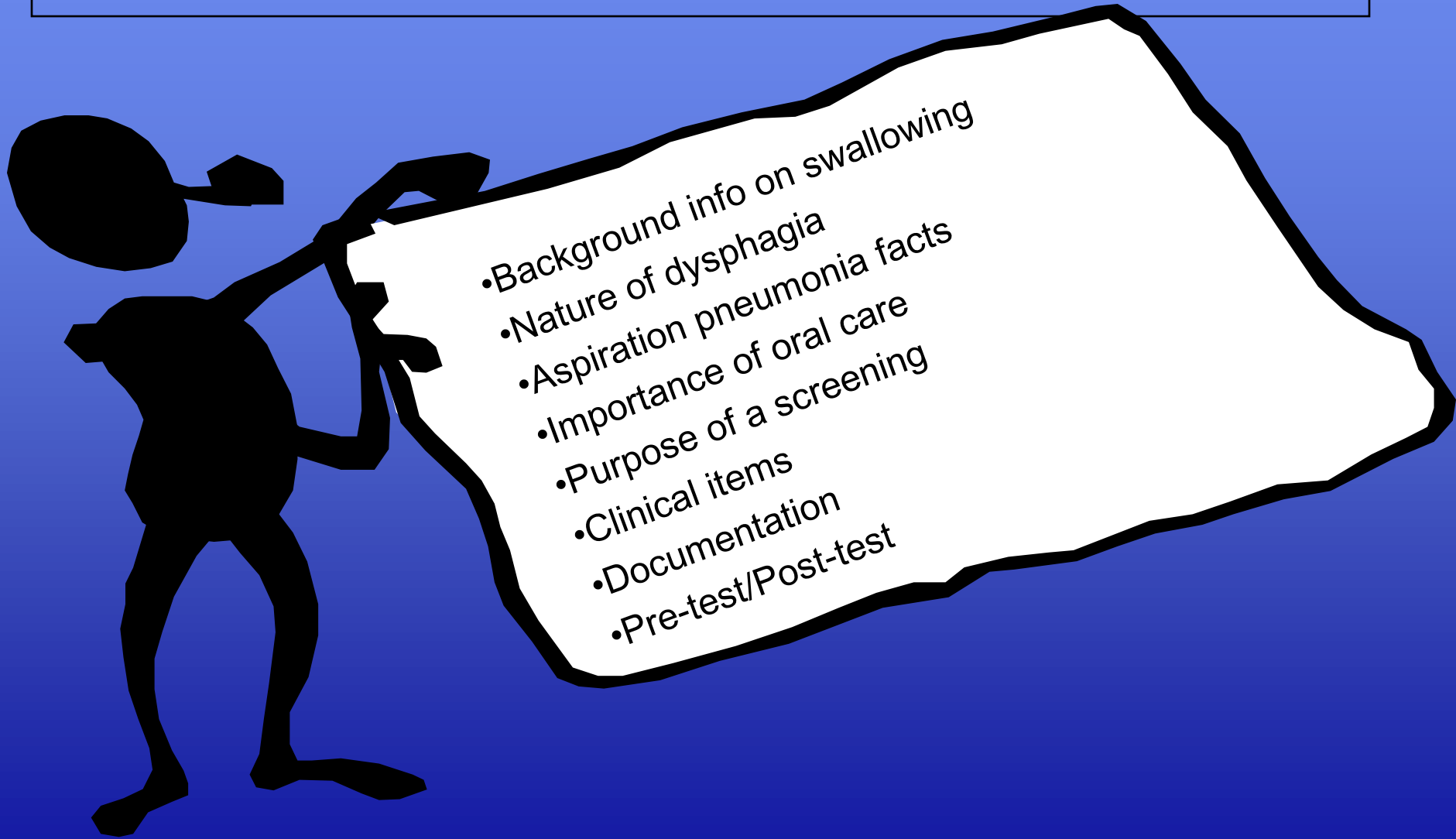
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Training information?



- Background info on swallowing
- Nature of dysphagia
- Aspiration pneumonia facts
- Importance of oral care
- Purpose of a screening
- Clinical items
- Documentation
- Pre-test/Post-test

How do we educate?

- **SIZE:** 1: 1 tutorial, large class, or small group
- **LOCATION:** bedside, in a class, on the unit
- **FORMAT:** Multi-media, online, lecture, demo
- **LENGTH:** 5 minutes, 30 minutes, all day
- **FREQUENCY:** single opportunity, multiple sessions, training fairs

How to ensure that staff have learned ?

Competence: A requirement for an individual to properly perform a specific job; Encompasses a combination of knowledge, skills and behavior.

- Frequency
 - once
 - annual
- Manner
 - at bedside
 - direct observation
 - pre and post test
 - documentation review
- Quantity
 - consistent
 - variable

MGH-SST-Management Algorithm

Patient
Admitted
Maintain
NPO

MGH Swallow Screen within 24 hours of admit

PART 1

FAIL

PASS

~~NPO
Non-Oral Meds
Dietary Consult
RESCREEN~~

Go to
Part 2

PART 2

FAIL

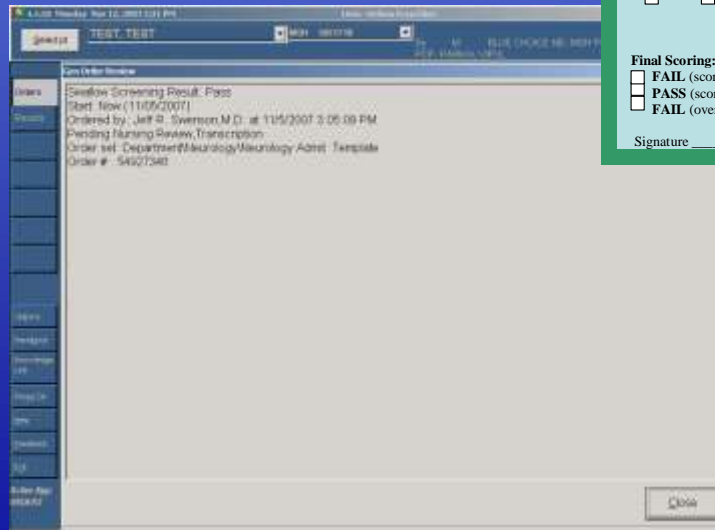
PASS

- NPO
- Non-oral Meds
- SLP consult

- Oral Diet
- PO meds
- Observe

Documentation?

- Location
- Manner



MGH Swallow Screening Patient: _____ Date: _____ Time: _____

Part 1: Patient demonstrates:

wakefulness unlabored breathing upright posture clean mouth

(All four must be present to move on to Part 2)

If not, **FAIL** - keep NPO due to inability to complete Part 1 and re -screen when able

Part 2: Score patient's function on the following 5 items (check the appropriate box):

Present	Absent	NT	Score	Item
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	normal tongue movement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	volitional cough
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	good vocal quality
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	normal pharyngeal sensation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	able to swallow water without cough
				<input type="checkbox"/> Final Score

If final score is 1-4, FAIL.
If final score is 5 or 6, PASS

Final Scoring:

FAIL (score ≤ 4) – make patient NPO and order SLP consult

PASS (score > 5) – give patient regular diet and observe for first meal

FAIL (override based on clinical judgment) – make patient NPO and order SLP consult

Signature _____ Circle One: MD PA RN NP

Electronic documentation?

- Can be placed on RN/MD task list
- Automatic pop-up on Neuro patient list
- Screening results pre-populate orders template
- Diet/oral meds can only be ordered if screening passed
- SLP consulted automatically on patients that fail

Process Improvement/ QI

- Is screening process accurately followed?
 - Accuracy, recommendations, documentation
- Are consults appropriately driven by results?
 - Diet, NPO status, SLP consults
- Has it made a difference in outcomes?
 - Pneumonia rates, mortality, length of stay, patient satisfaction

Training
Module

Post-test



Chart Audits

Documentation

**Systems
Improvement**

Visibility
Campaign

Electronic
Orders

Administration
Support



Competencies/
Skills List

Demonstration



Reflections

- Changing practice is complex and lengthy, especially in an environment of constant change.
- A screening tool is a means to empower the nurse to help identify patients at risk for aspiration.
- A swallow screening is a subjective tool that is highly sensitive to the thoroughness of the training process and accuracy of the screener.
- Multi-disciplinary collaboration and a system to consistently monitor are the keys to success.