
Early Dysphagia Screening in Mater Emergency Department

Initiative Type

Model of Care

Status

Deliver

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Summary

A project was undertaken to pilot a new service to improving dysphagia identification and management in Emergency Department (ED). It was anticipated that earlier identification would support dysphagic patients to receive nutrition and hydration safely and positively impact patients and the service. The 18-month multi-stage trial was commenced in Mater ED and was led by a senior

Speech Pathologist (SP) who trialed different models of early dysphagia screening. Patients at risk of dysphagia were screened in Mater ED before discharged to their usual residence or admitted and dispersed across inpatient wards?. Data collected during these phases guided the evolving service model, criteria and resourcing required to continue to provide this service. Data indicated that patients most at risk of dysphagia were those aged over 65 who presented with falls; respiratory infection/COPD; delirium; back pain; dizziness/syncope and stroke. Using these criteria, dysphagia prevalence at Mater was in line with the literature, with 34% of patients diagnosed with the condition. Roughly half of the patients (48%) were discharged from the SP service after initial input in ED. The remaining patients were admitted to wards with safe feeding plans earlier. The patients admitted after a dysphagia screen had a shorter length of stay by 3.23 days when compared to historical unscreened patient data. Within 0.5FTE, the Senior SP was able to screen 67% of eligible patients. This data was used to obtain ongoing funding for an HP4 0.8FTE clinical senior speech pathologist in Emergency. SP led dysphagia screening is now embedded within Mater ED.

Key dates

Jan 2022

Jun 2023

Implementation sites

Mater Hospital Brisbane

Key Contacts

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Aim

The overarching objective of this project was to improve the process and timeliness of dysphagia identification and management in Mater Emergency settings. It was anticipated that earlier dysphagia diagnosis would expedite the establishment of safe plans for nutrition, hydration, and medication administration and in turn facilitate improved patient outcomes and flow.

Benefits

Funding for an HP4 0.8FTE clinical senior speech pathologist in ED was approved to continue to assess patients over 65 with the above conditions for dysphagia. The position is now operating in a business-as-usual model and is an embedded part of the ED service. The profile of dysphagia has increased and is reflected in the significant increase in referrals generated by the ED team with an average of 25 referrals per month received.

Background

Dysphagia (difficulty swallowing) is a serious condition impacting approximately 30% of adults presenting to Emergency Departments (ED). Speech pathologists have a critical role in the assessment and management of oropharyngeal dysphagia across the lifespan and continuum of care?. It is often under-diagnosed which results in adverse health outcomes for patients (e.g. aspiration pneumonia) and healthcare costs (e.g. increased length of stay). Mater Speech Pathologists (SP) received only two referrals for dysphagia in a six-month period. Just 13% of stroke patients received a swallow screen on presentation to Mater, despite strong recommendations for this in the Stroke Guidelines.

Solutions Implemented

In response to the under referral/detection of patients with dysphagia, an 18-month trial was commenced in Mater Emergency wards. Various models of early dysphagia screening were trialed in a multi-phase project to design the best model of care for early dysphagia identification and management at Mater.

Evaluation and Results

In response to the under referral/detection of patients with dysphagia, an 18-month trial was commenced in Mater Emergency wards. Various models of early dysphagia screening were trialed in a three-phase project to design the best model of care for early dysphagia identification and management at Mater. **Results**

Outcomes for dysphagic patients in ED in Phase 3:?

- 36% discharged from SP without follow up after one intervention including education, diet modification or strategies?
- 12% discharged after one intervention with community SP follow up organised ?
- 52% of patients required ongoing SP follow up on the ward.?

Comparison length of stay (LOS) data for 30 patients screened for dysphagia and admitted in 2023 versus 30 high risk patients admitted through ED without dysphagia screening in 2021:?

- patients screened in 2023 - LOS 4.3 days
- patients NOT screened in 2021 - LOS 7.5 days ?
- difference (~ 3 days) = ~ \$1M bed-days. ?

Lessons Learnt

- Dysphagia is invisible and building awareness of this condition is critical to changing management ?
- Building relationships is essential in creating a new and embedded service ?- Augment existing models of care/processes in place?

- Contribute specialist knowledge in relation to the objectives of ward/service? - Develop processes for supporting patients to eat and drink with acknowledged risk (EDAR) to support patient care and flow?

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