SA Swallowing Services, PLLC Number 17, December 2014

A SASS MINUTE

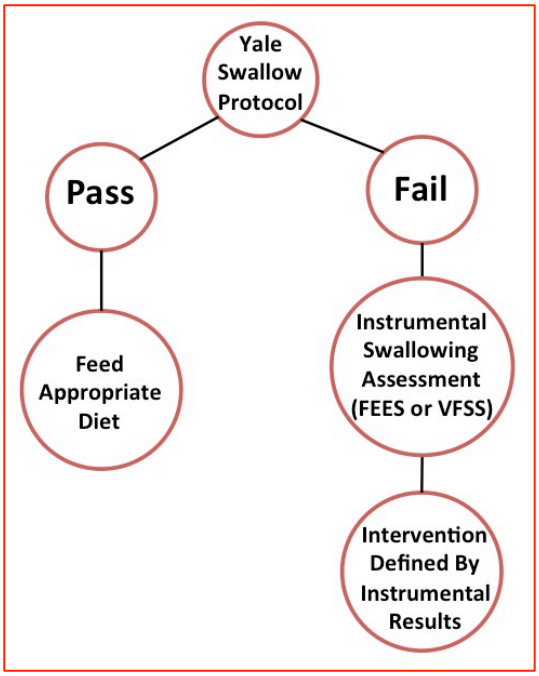
Billy Karen Kelley Jamie John Michelle

Happy Holidays!

From All of Us At SASS

A Gift for You

There's nothing like a trip to ASHA to get your neurons sparking. What is becoming increasingly clear from publications and presentations is that the clinical (bedside) dysphagia assessment is a screening tool and should only be used to make clinical decisions to determine the presence or absence of dysphagia--an uncomfortable thought for some. Kertscher et al. (*Dysphagia*, 2014) stated in an excellent systematic review, "The purpose of screening ...remains unchanged, namely to screen for patients at risk for oropharyngeal dysphagia."



Ellis and Hannibal (*J. Neuro Nursing*, 2013) reported, "Swallow screening is a pass/fail procedure to identify individuals who require a comprehensive assessment of swallowing function..." Leder recently stated in his ASHA presentation and in *Dysphagia* that "there is no rationale for using puree and solid food consistencies during screenings since it is known to be impossible to determine either pharyngeal and laryngeal physiology or bolus flow characteristics without an instrumental assessment." He replied to one ASHA audience member, "You can't see into the pharynx during a bedside test, and you can't know what is happening," and he showed video clips illustrating and defending his point. What is important is to have a screening device with high sensitivity and specificity, and, yet, easy and quick to administer. Kertscher et al. identified 14 screening tests with only four with sufficient strength. The Yale Swallow Protocol had the highest sensitivity for detecting dysphagia (98%), but a specificity of 49%, or detecting possible dysphagia when it isn't there. But the opposite is worse, by far.

Another timely evolution is the recognition of FEES as an equal with the long vaunted VFSS. FEES is now fully recognized in presentations and in clinical research as a "gold standard." This pleases us at SASS, but its not new news. Both VFSS and FEES are the primary tools required to competently assess dysphagia and its treatments. We have been very pleased with the recognition by so many of our contractors of the value of on-site, mobile FEES, but more incorporation of instrumental studies is required for better treatment of deserving patients. As one of my recent FEES students put it, "It's time to stop the guess work." However, no tool is any better than the expertise of the professional administering and analyzing the results of that tool. On a screening test or an instrumental assessment, a thorough knowledge and understanding of dysphagia are required to make those complex decisions on swallowing safety and your patient's quality of life--Our gift to you.

SASS-I-FRAZ!

- The **SASS** Education Team is on the road to Cardinal Hill Rehabilitation Hospital in Lexington, Kentucky, on February 28-March 1 to present a Basic FEES course to their staff. It is open to all, and if you are interested, contact Sandra Bellows at sandra.bellows@cardinalhill.org.

- Happy Birthday to Us! **SASS** just celebrated its 7th birthday. Seven years and over 3000 FEES later, we are still on the road everyday. Now that is some service and experience!

- Congratulations to the **SASS** Education Team for their excellent ASHA Short Course Presentation. Dr. Karen Brown headed up the effort and we all knew our parts. We had a nice crowd of 60 SLPS attend and their feedback has been overwhelming. And, we had a good response to our poster presentation on respiratory rate, nursing care residents, and aspiration.

- **SASS** will be represented at the ASHA Healthcare and Business Conference in Phoenix, AZ on July 10-11. Dr. Ashford has been invited to present on "Oral Care"- one more time.

- **SASS** thanks the Memorial Hermann East Hospital SLPs in Humble, TX, for their great hospitality and participation at their Basic FEES course in October. A really great group!

Oral Care Corner

There appears to be some slow, but growing support in America for regular, good oral hygiene with sick people. I hope so. Last year, I was invited to be part of the ASHA webinar, *Dysphagia and the Older Adult*, and I presented on oral care. I'm told that presentation received the highest response of the course. I received questions and comments from around the world, and the interest was surprising given that I expected a low-level of interest. Implementing oral hygiene programs in nursing facilities and hospitals is difficult, mainly because it falls to the overburdened nursing staff to carry it out. Healthcare in this country is broken and expensive. Treating the sick person with pneumonia is expensive. But the prevention is not! How much more clinical evidence and experience are needed to recognize and acknowledge that dental and oral care is just as important as regular medical checkups? The fathers of Medicare, Obamacare, and private insurance coverage have not found it important. The mouth is part of the human body!!! A 2013 systematic review by Van der Maarel-Wierink et al. reported that three easy interventions decreased the incidence of pneumonia from aspiration: brushing after every meal, mandatory daily denture cleaning, and professional oral care provided once a week by an aide. So what does it take for us-SLPs-to ignite the conversation in our workplaces? Maybe a weekly count of preventable cases of pneumonia is a start.

"RESEARCH TUESDAY"

New trends-Old ideas revisited-Insightful-Challenging-Thorough

Visit Kelley Babcock's Dysphagia Blog at www.sasspllc.com

SASS FEES Training Courses: 2015

Basic FEES: Feb. 19-20; May 16-17; Aug 28-29; Oct 23-24 - 1.5 CEs

Advanced FEES: Mar 27-28; Jun 26-27; Sep 18-19 - 1.4 CEs

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