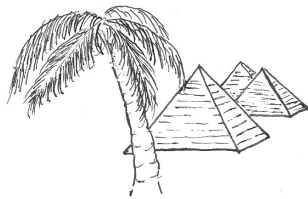




A SASS MINUTE



SASS Goes to Egypt

Many thanks to
Dr. Rania Abdou for
Inviting SASS to Egypt.



Michelle and I had the great pleasure to attend and speak at the 32nd Alexandria International ORL (OtoRhinoLaryngology) Congress in Alexandria, Egypt on April 8-10. I spoke on the "Utility and Limitations of Dysphagia Assessment Tools," and Michelle and I presented "Scoring and Analyzing FEES." Both sessions were very well attended and received with many questions and comments. There, the bedside dysphagia assessment is the most used tool. Instrumental dysphagia assessments are not new to Egypt, with VFSS used as the primary instrumental tool. Like the US, many patients do not have ready access to VFSS; thus, there is an increasing interest in FEES. Most, if not all, instrumental assessments are provided at medical centers. Unlike the western world, Egypt and much of Europe do not have Speech-Language Pathologists, per se. Instead, physicians with specialty training in "Logopedics and Phoniatics" provide speech, language, and voice therapies. In some countries, such as Bulgaria, Saudi Arabia, Germany, a bachelor's degree is all that is required to practice. While we have our ASHA, the rest of the world has the International Association of Logopedics and Phoniatics, and many American physicians and SLPs are members of that association, as well.

We cannot say enough about the wonderful welcome we received, both in Cairo and in Alexandria, at our hotels, at the conference, and on the streets. Their country is beautiful and they are proud of it and its ancient culture and heritage. Recent political and military events in the region have disrupted the lives of the Egyptians and they are not happy about it. I heard the term, "trouble-makers" many times. Tourism is the number one industry in Egypt and it has suffered greatly. As both our tour guides expressed, "We are hungry (for work)." Tourism is rebounding gradually but at about half of its usual levels. Many have asked if we felt insecure or at risk. For the most part--no. There was that 3 a.m. quasi-taxi ride from the airport across Cairo at 100+ miles per hour and through a back alley going the wrong direction, but, otherwise, we felt very safe.

FEES is growing into its own world-wide. As equipment is greatly improving with digital technology, it is becoming more affordable, easier to use, and more accessible. Representatives from two or three countries in the Middle East approached us about providing FEES training onsite. We will see. As such, SASS travels to Saudi Arabia in September for courses in Riyadh and Jeddah.

SASS-I-FRAZ!

- HAPPY ANNIVERSARY!!

SASS begins its 9th year of operation July 1, 2015. What started as Michelle's idea and passion to provide mobile FEES services to nursing care residents in facilities around middle Tennessee has grown to include all of Tennessee and parts of Kentucky. Over 3150 residents and patients have received successful, high-quality FEES swallowing assessments. Just since February 2013, the SASS staff has logged over 225,000 miles traveling to serve our customers and their residents.

- BEST WISHES!

SASS says "so long" to Kelley Babcock. Kelley worked for SASS for two years, but has decided to become a Mother. Our congratulations to Kelley and we wish her and Ty well.

- WELCOME!

SASS welcomes Jamie Fisher, Ph.D. and Elizabeth Peterson, M.S. to our company. Jamie will work PRN for SASS, and assist with instruction in our Basic FEES courses. Not only does she have an interest in FEES and swallowing, but also in the care of trach and vent patients. Welcome Jamie! Elizabeth will also work PRN to help insure SASS provides high-quality and timely swallowing studies to our clients. Welcome Elizabeth!

Clinical Reminder...

Tube-fed residents/patients require—and deserve—follow-up instrumental swallowing assessments every 30 days until it is determined that recovery has maximized. This is becoming a standard of practice in many US health facilities.

Oral Care Corner

I receive a healthy stream of emails asking how to start Oral Care Programs in health care facilities. I will discuss this topic at the ASHA Health & Business Conference in Phoenix in July. Here are a few thoughts from that presentation.

Establishing an on-site, continuous CNA/Nursing training program is essential to facility success. Plus, someone (nurse, SLP, dental hygienist) must religiously drive that program—to be the teacher and mentor. The resident/family/nursing opinions that oral care is a "comfort care" must be changed. It is a *medical treatment* designed to manage, reduce or prevent infectious pathogens that thrive in the oral cavity, and which may be responsible for certain diseases (pneumonia). It does not belong on the list with bathing, toileting, hair brushing, clothes changing, and bed making. *Oral Hygiene Treatment* belongs on the same list with all other preventative/intervention procedures—vital signs, wound care, medications, etc., This program applies to ALL residents every day, and cannot be skipped if the resident is cranky, hard-to-manage, asleep, or not feeling well. Regular, on-going training is a necessity for success in lowering oral-based disease. Your facility policy should read, "oral treatment: minimum 3 times daily (after meals), and 4 to 5 times for the very sick resident." It will pay healthy dividends.

Equipment Note:

Think new digital endoscopes when purchasing. Excellent quality pictures. And prices are falling. Shop for yourself and wisely.



SASS FEES Training Courses: 2015

Basic FEES: 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

"Top-Quality Training for over 5 years" - See website for more information



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