

SQUINT

**Tennessee Valley Health System
Nashville VA**

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Acknowledgements

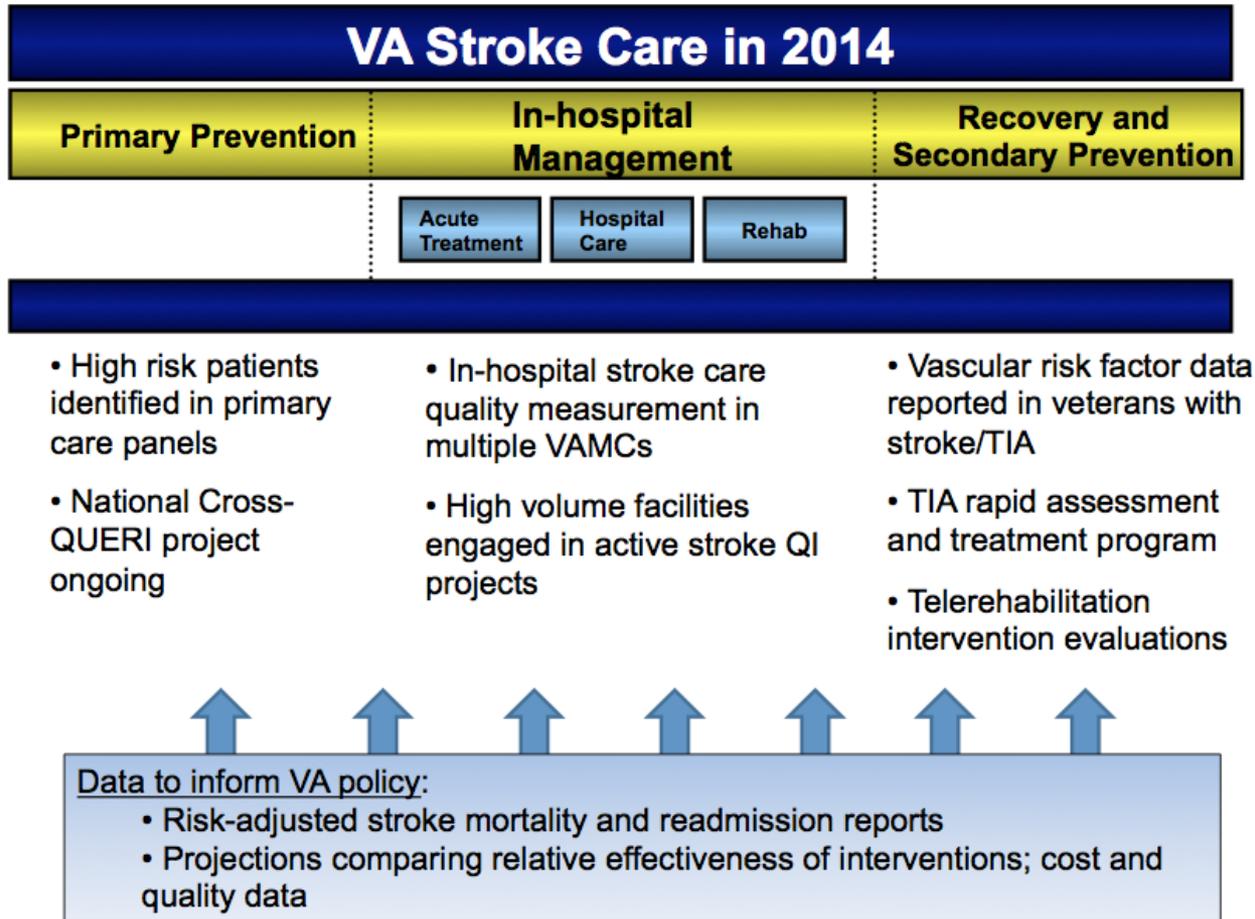
- Our stakeholders
- Shameless borrowing from INSPIRE presentations
 - Linda S. Williams, MD
 - Virginia Daggett, PhD, MSN
 - Linda Williams, MD Dawn Bravata, MD Glenn Graham, MD, PhD Teresa Damush, PhD

INSPIRE



Stroke QUERI's national network

INSPIRE: larger picture



INSPIRE

- Stroke quality indicators
 - OQP (2007) data
 - Baseline, preliminary 2009 data
- Dysphagia screening
 - Acute swallowing impairment in 30-64% of stroke patients
 - One study of 3 VAMCs and 2 non-VAs found that screening and appropriately managing dysphagia was independently associated with in-hospital survival (Bravata et al. Arch Intern Med 2010;170:804-810)

Dysphagia screening process

- No definitive gold standard screening tool
- VA has mandated swallowing screening for all inpatients within 24 hours of admission using any facility-endorsed screening mechanism

Dysphagia key variable definitions

- **Identification of first oral intake**
- **Screening tool identification**
 - Any documentation of screening counts
 - Templated note, MD mention of “OK to take food,” specific tool, SLP screening note
 - An order to do screening does not by itself count; a diet order alone does not count as screening
 - If screening is documented as being done at an outside hospital prior to transfer this is counted
- **Screening result documentation**

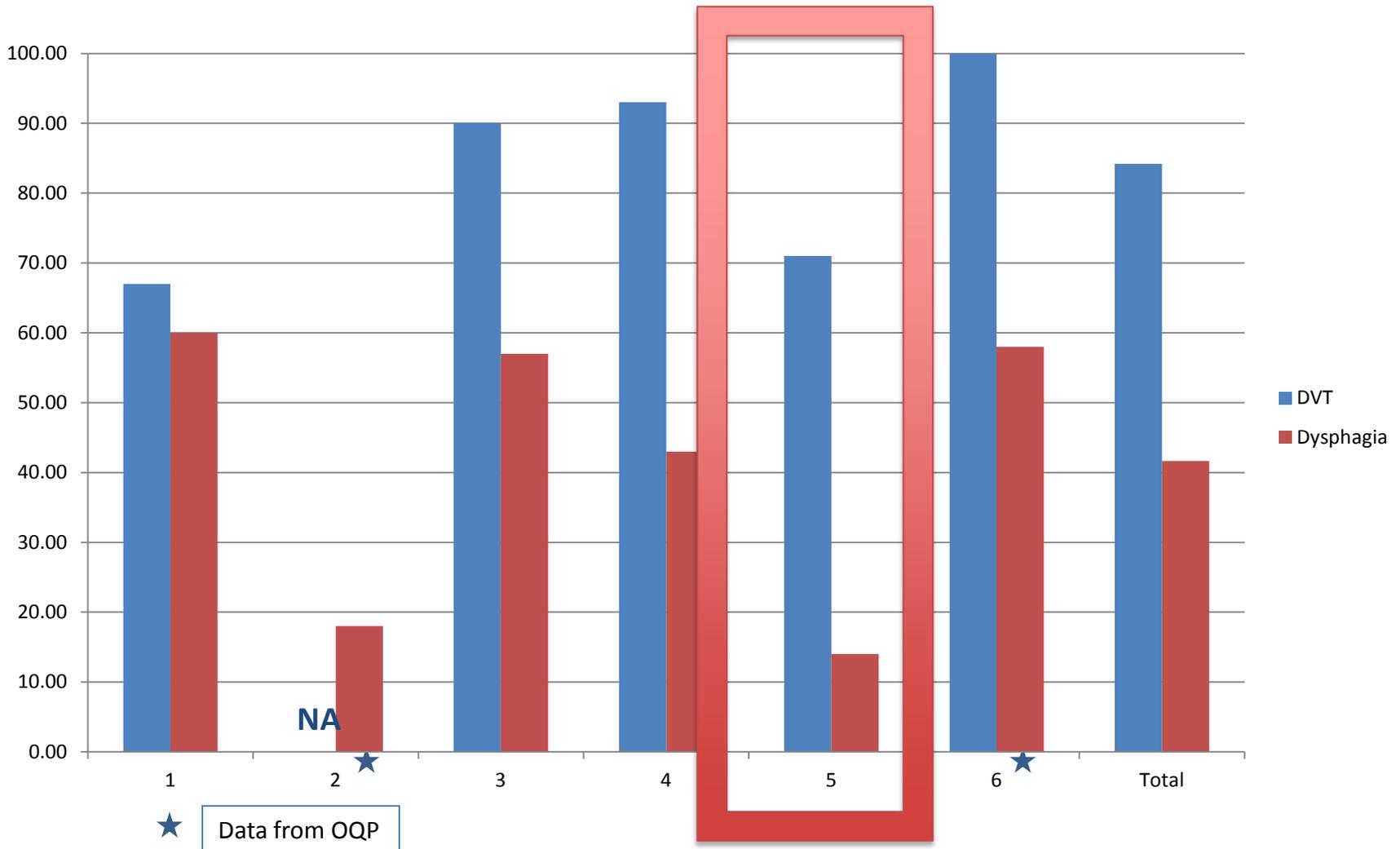
Preliminary baseline data:

| | Site 1 | Site 2 | Site 3 | Site 4 | Site 5 | Site 6 | Total |
|--------------------------|--------|--------|--------|--------|--------|--------|------------|
| N charts reviewed | 32 | 68 ★ | 97 | 24 | 31 | 52 ★ | 304 |
| N eligible: | | | | | | | |
| DVT | 18 | 0 | 67 | 14 | 17 | 4 | 120 |
| Dysphagia | 30 | 38 | 91 | 28 | 28 | 32 | 247 |
| DVT % pass | 67% | NA ★ | 90% | 93% | 71% | 100% ★ | 84% |
| Dysphagia % pass | 60 | 18 ★ | 57 | 43 | 14 | 58 ★ | 42% |



Data from OQP

Preliminary baseline data: DVT and Dysphagia



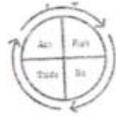
Process for data feedback

- **Timing:**
 - Data feedback to began ~December 2011
 - Data feedback is continuing monthly for 12 months
- **Data correction:**
 - INSPIRE sites were told we could review as much or as little of the data as we want

Initial State

PDSA Cycles

ED Dysphagia



Plan, Do, Study, Act
PDSA Cycles

screening tool

| Stage | PDSA Cycle #1 | PDSA Cycle #2 | PDSA Cycle #3 | PDSA Cycle #4 |
|--|---|--|---|---|
| Plan: Plan the test or observation. | Is there a screening study available? involve ST/nurses/ Neuro /CAC/UR | develop screening CRS template | ID nurse education leader | maximize uptake of screening tool in ED |
| Do: Try out the test on a small scale. | Contact ST + modify / develop swallowing screen | d/w CAC, nurses, nurses Nurses | get buy-in regarding need + feasibility of tool | compare compare to inspire data |
| Study: Analyze the data/ study the results. ** Adapt, Adopt, Abandon? | review & other expts | evaluate satisfaction & survey, (perceived barriers) | implement tool & education | Are they the same? |
| Act: Refine the change, based on what was learned from the test | (implement screen give nurses 3 options for screening & feedback | Refine screening tool + finalize educational components | maximize assessment uptake ↓ Will require "real-time" review | monitor differences |

Stakeholders

- Administrators and leadership
- Speech pathologists
- Admitting teams (physicians, nurses, residents)
 - Internal Medicine
 - Emergency Medicine
 - Neurology
 - Medical ICU
- Utilization Review
- CACs

Dysphagia Screen Requirement

- Locally, the nation-wide requirement for dysphagia screening for all admitted patients had not been well-known

PDSA Cycles

PDSA Worksheet for Testing Change

Aim: (overall goal you wish to achieve)

Every goal will require multiple smaller tests of change

| Describe your first (or next) test of change: | Person responsible | When to be done | Where to be done |
|---|--------------------|-----------------|------------------|
| Test the revised dysphagia screen | | | |

Plan

| List the tasks needed to set up this test of change | Person responsible | When to be done | Where to be done |
|--|--------------------|-----------------|------------------|
| Contact the CAC if we have not heard back about the status regarding the changes to the dysphagia screen Repeat testing to determine if any further changes need to be made Include more nurses and clinicians in the test to determine if they have any additional suggested changes Feedback changes to the CAC as needed; or Proceed with implementation of the screen | | | |

+

| Predict what will happen when the test is carried out | Measures to determine if prediction succeeds |
|--|--|
| We may identify small changes that need to be made, or we may find that we are ready to implement the screen for use in the ED | Observation |

Do Describe what actually happened when you ran the test

The suggested changes to the dysphagia screen are in the process of being made

We have been in contact with the nursing leadership and educators to prepare for rolling out the dysphagia screen; Steve McCoy has contacted them as well and has offered to assist with education and/or training of nurses and/or physicians as needed

Study Describe the measured results and how they compared to the predictions

We are waiting for the changes to the screen to be made; once this is done, we will implement the new form, along with education regarding the use of the form and regarding how to perform and interpret the dysphagia screen

Act Describe what modifications to the plan will be made for the next cycle from what you learned

We will continue to maintain contact with the CACs, as well as with the nursing and physician leadership in the ED, and with speech therapy

PDSA Cycles

PDSA Worksheet for Testing Change: Dysphagia Screen

Aim: (overall goal you wish to achieve)

Every goal will require multiple smaller tests of change

| Describe your first (or next) test of change: | Person responsible | When to be done | Where to be done |
|--|--------------------|-----------------|------------------|
| Evaluate the functionality of the dysphagia screen after it has been put together by the CAC | | | |

Plan

| List the tasks needed to set up this test of change | Person responsible | When to be done | Where to be done |
|--|--------------------|-----------------|------------------|
| After notification that the template is available for testing, 3-4 members of the team will log in and test the dysphagia screen | | | |

| Predict what will happen when the test is carried out | Measures to determine if prediction succeeds |
|--|--|
| We will find some areas of improvement or small errors | Observation |

Do

Describe what actually happened when you ran the test

We contacted the CAC, and after she confirmed the dysphagia screen had been integrated in the ER nursing assessment and where to locate the note, 4 members of the team tried out the form

Study Describe the measured results and how they compared to the predictions

We noted several small changes that could be made to improve the form

We also suggested several changes to more accurately capture patients who could benefit from dysphagia assessment

Act Describe what modifications to the plan will be made for the next cycle from what you learned

We contacted the CAC and talked over the phone and via email to clarify the suggested changes

We also asked about whether it would be possible to 'trigger' an order/consultation for ST evaluation if the screen is positive

Work flow

- Modified the admission notes to include dysphagia to be addressed as part of the template
- Included the question “Does this patient need a dysphagia screen?” to the ED triage nursing assessment (with a reminder about the national requirements)
- Developed an Emergency Department Stroke protocol and order set

Dysphagia

Vista CPRS in use by: Coley-Matthews,Vonda C Rn (vista.indianapolis.med.va.gov)

File Edit View Action Options Tools Help

ZZTEST
000-00-445

Reminder Dialog Template: TEST 4

DYSPHAGIA SCREEN QUESTIONS
(yes answers will automatically order the speech consult - sign the order per protocol)

Dysphagia Screen

Patient Questions

Do you have difficulty swallowing?

Yes
 NO

Do you usually cough or choke during meals?

Yes
 NO

Dysphagia Screen

Nurse Observations

Previously diagnosed with dysphagia? (see problem list/dysphagia flag)

Yes
 NO

Has decreased consciousness or orientation?

Yes
 NO

Exhibits facial weakness?

Yes
 NO

"Gurgly/wet" vocal quality when talking or drools?

Yes
 NO

Is speech slurred?

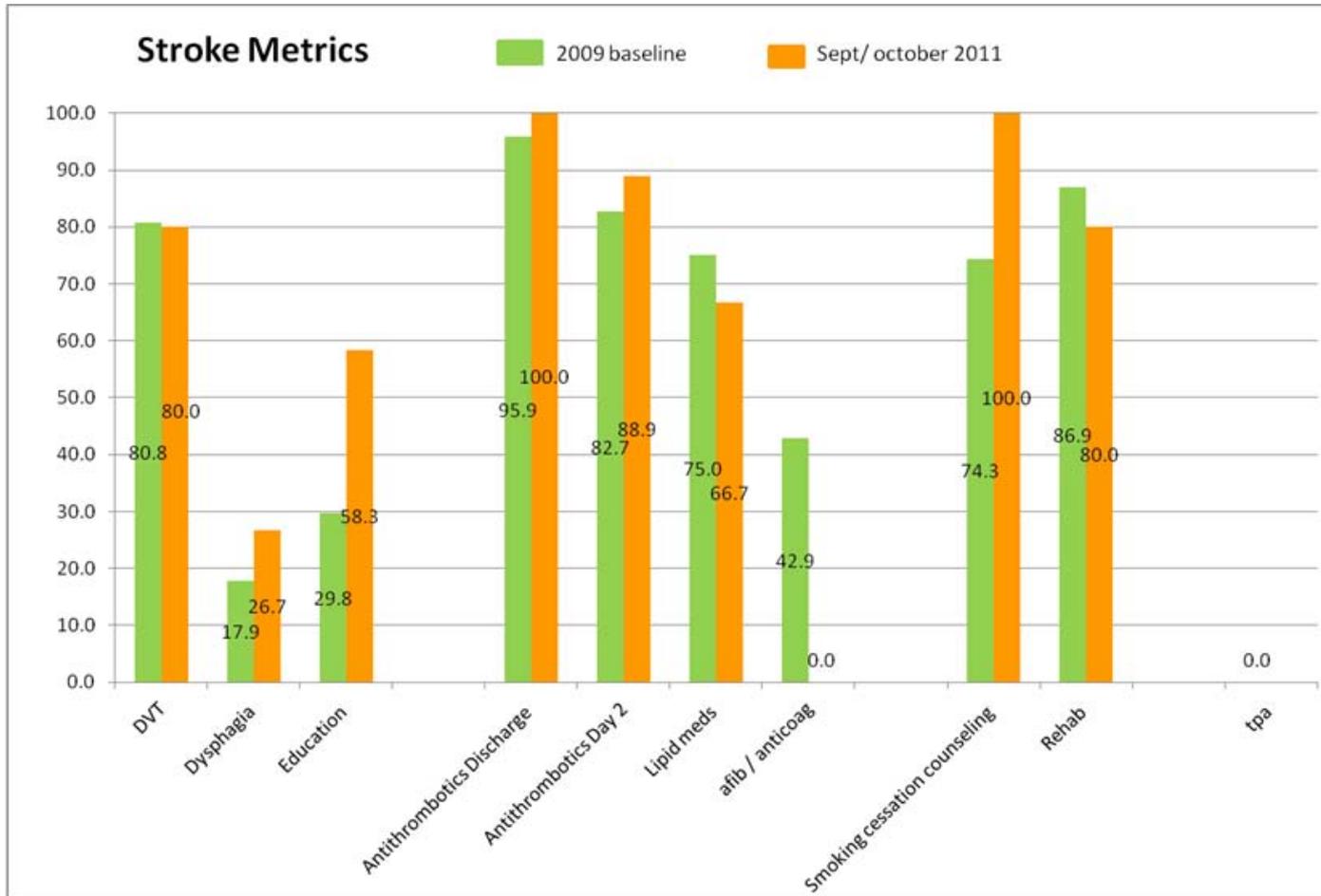
Yes
 NO

Visit Info Finish Cancel

* Indicates a Required Field

start CPRS - Patient Chart Search Desktop 8:36 AM

Progress



Thank-you