

Dysphagia Screening in Adult Stroke Patients



Knowledge Translation Interdisciplinary Capacity
Enhancement Team (KT ICEBeRG)
New Investigator

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Background:

Dysphagia in Adult Stroke *

- Reported Frequency
 - >55% of acute patients admitted to hospital
- Increased Risk of Pneumonia
 - with dysphagia (RR=3.17; 95% CI=2.07, 4.87)
 - with aspiration (RR=11.56; 95% CI=3.36, 39.77)

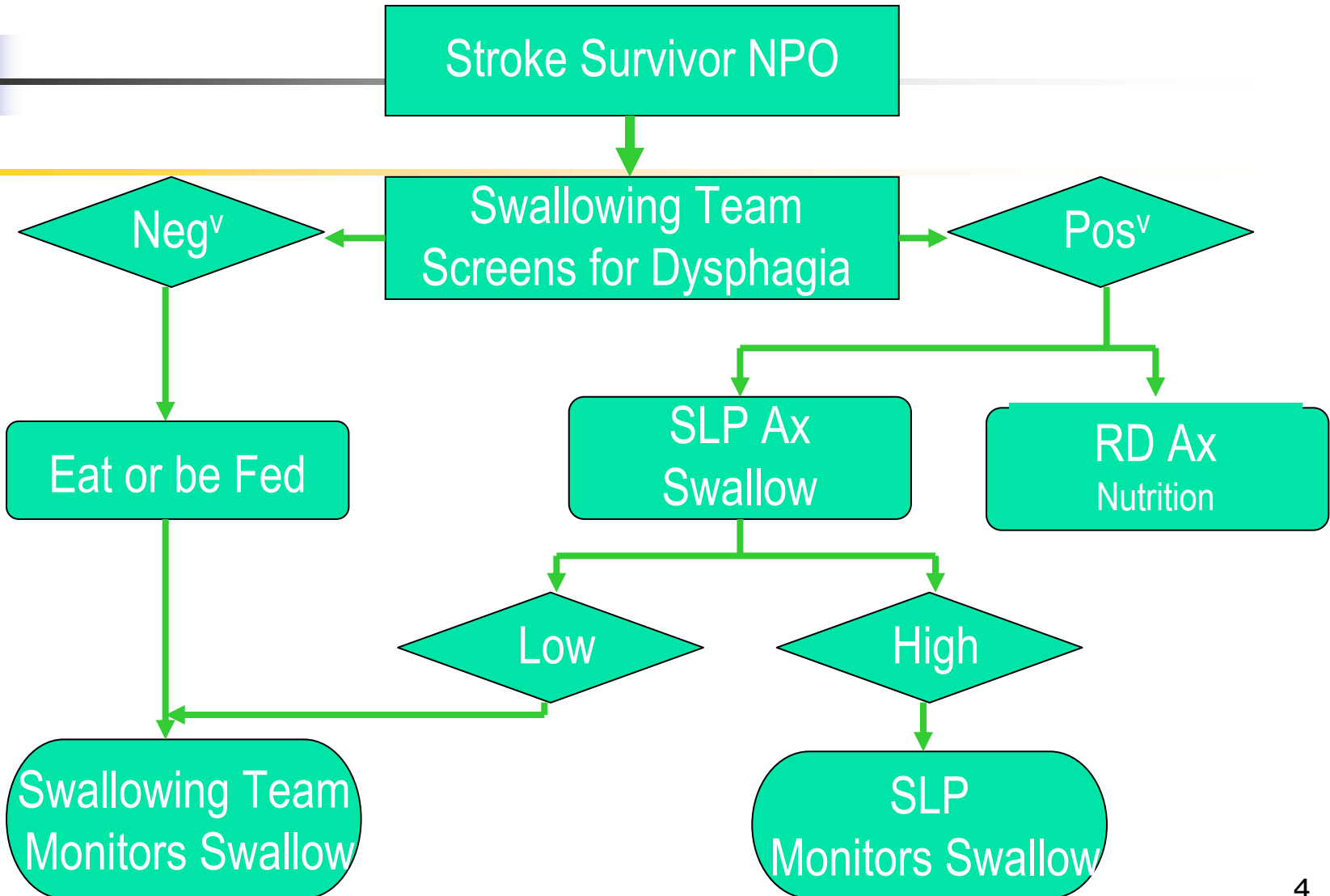
* Martino et al, (2005) Stroke



Screening for Dysphagia: Guidelines

- HSFO (2002)
- SIGN (2004)
- Canadian Stroke Quality of Care Study (2004)
- Duncan et al (2005)

Screening for Dysphagia

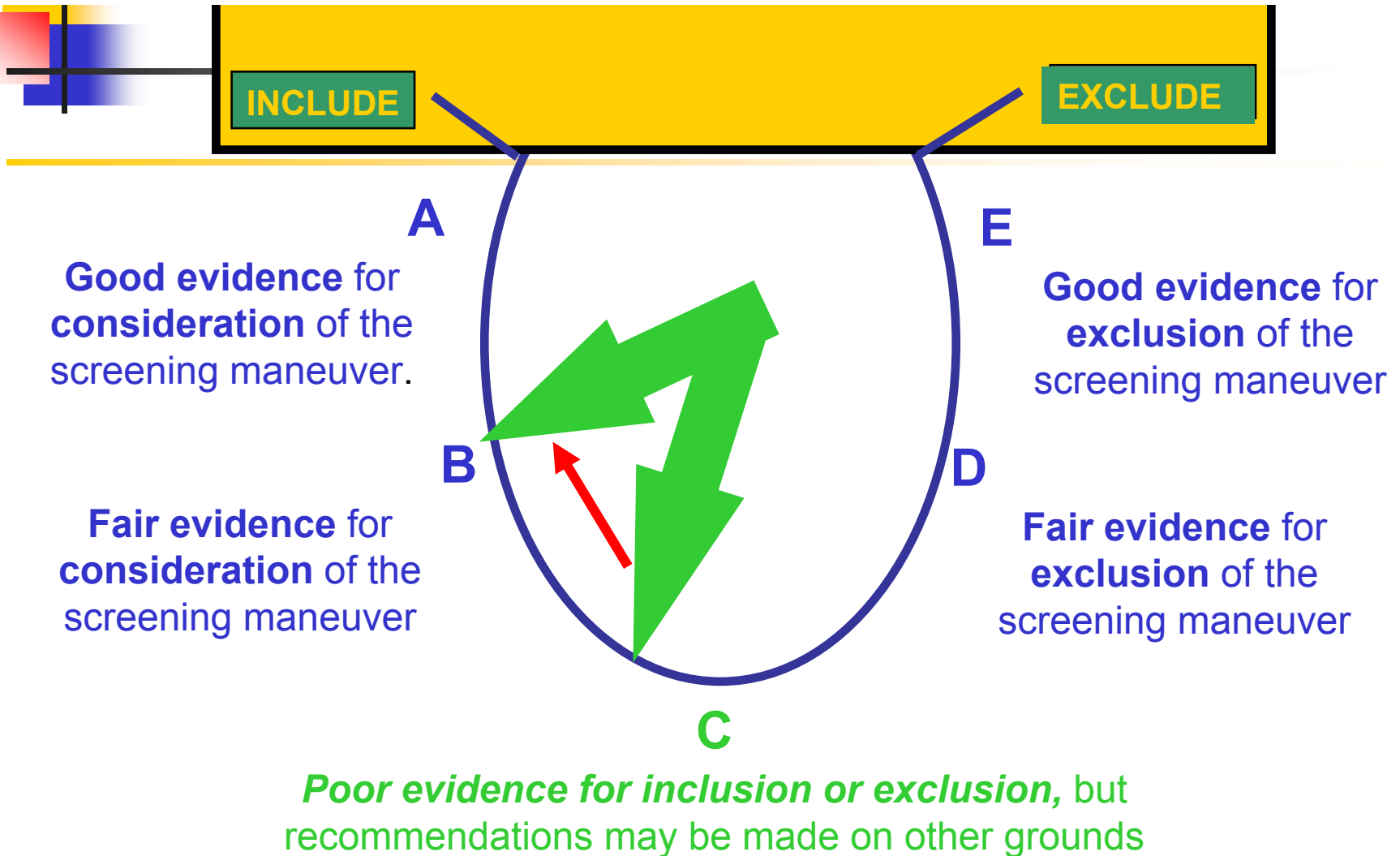


Screening Reduces Poor Health Outcomes



- Martino et al (2000) – Level IV
- Hinchley et al (2005) – Level II

Screening for Dysphagia: Does it Reduce Poor Health Outcomes*?

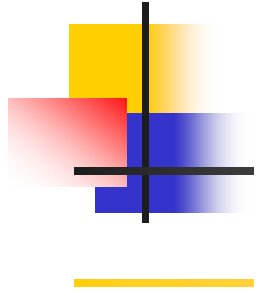


* Martino et al, (2000) Dysphagia



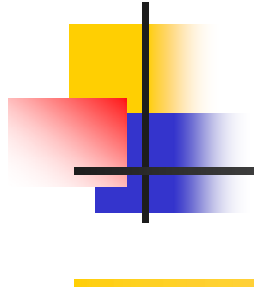
TOR-BSST[©] Screening Tool

- HSFO Screening Model – 2004 pilot (Education manuals, CD ROMS, Workshops, standardized Knowledge and skills test, standardized satisfaction survey, etc)
- Martino 2006 abstracts x3



Implementation of Evidenced- Based Practice for Dysphagia Screening in Stroke Patients (IMEDSS): Quinte Region of Ontario

Martino, Harrison, Graham (2005-6) UofT Dean's Fund



Implementation of Evidenced- Based Practice for Dysphagia Screening in Stroke Patients (IMEDSS): LTC Facilities in Toronto

Martino, Harrison, Graham (2005-6) MoHLTC Fund



IMEDSS

PRIMARY OBJECTIVES

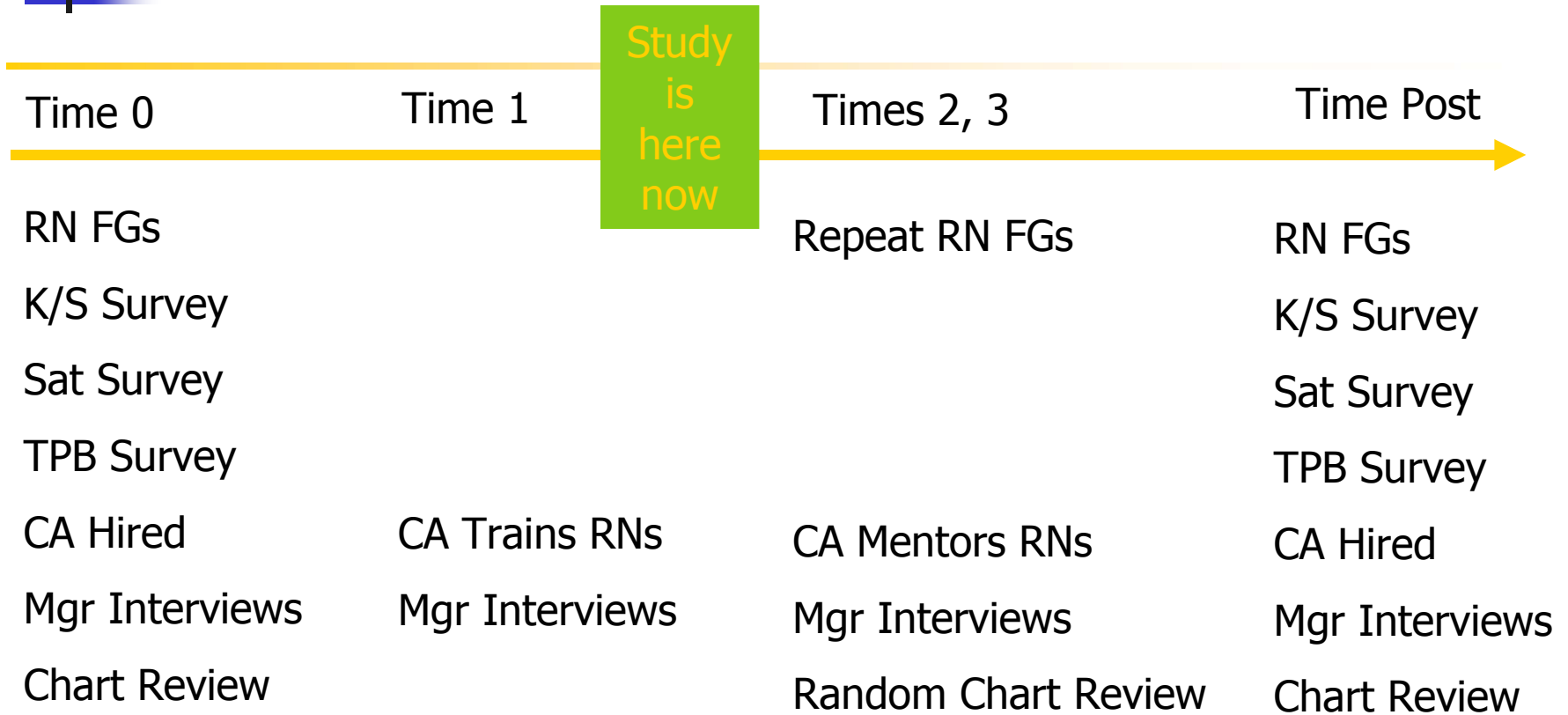
To assess the barriers of integrating the new dysphagia screening service model into practice. Specifically the goals will be to:

1. Identify barriers at the organizational level (qualitative according to OMRU framework)
2. Identify barriers at the individual level (quantitative methods according to the TPB theory)

SECONDARY OBJECTIVES (process outcomes)

1. Did the participating facilities increase their compliance with the new model?
2. Did the theoretical knowledge and skills in trained nurse professionals increase?
3. Did the satisfaction in trained nurse professionals increase?

IMEDSS: TIMELINE





IMEDSS: Organization Data

QUINTE

6 Baseline Interviews (n=6)

LTC

3 Baseline Focus Groups (n=19)

1 Repeat Focus Group (n=4)

IMEDSS

INDIVIDUAL ASSESSMENT - TPB QUESTIONNAIRE

Population of Interest: RNs on medical acute unit in 4 community hospitals in SE ONT & LTC

Three Behaviours under Study:

T = acute stroke patient

A = any screening

C = dysphagia

T = < 24 hrs of adm

T = acute stroke patient

A = TOR-BSST screening

C = dysphagia

T = < 24 hrs of adm

T = acute stroke patient

A = referral to SLP

C = dysphagia

T = immed post screening



IMEDDS: Survey data

QUINTE baseline (70 entered; another 15 yet to enter)

LTC baseline (12 entered; another 11 yet to enter)



IMEDDS: Process data

QUINTE baseline (30 consented; another 15 yet to consent)

LTC baseline (15 consented; another 15 yet to consent)