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SLP IP Training

September 2018

Root Cause Analysis

SLP Tasks Requiring Analysis and Potential Intervention

- SLPs to identify, discuss and implement best practices, as appropriate, for the following topics:
 - a) Terms, phrases and directions for patient therapies and compensatory actions so that medical and nursing staff comprehend intention
 - b) Expectations of documentation (including real-time, back-timing adjustments, and contact notes)
 - c) Communication process (written and verbal) with medical and nursing staff regarding study results to ensure comprehension of recommendations and plan of care

Communication

Signage

- Barrier: There are many caregivers involved with our patients and they don't all have easy access to Epic.
 - Question: How do we ensure that our most recent recommendations are posted in the patients' rooms so that everyone is aware?
 - Answer: Uniform signage for xxx and xxx and consistent process for all SLP staff
 - Action: Begin utilizing the new Swallowing Guidelines



Communication

Signage

- Swallow Guideline Sign
 - Placement – Head of Bed
 - Staff Expectations
 - Completed after any evaluation/re-evaluation or when there is a change in status
 - Cross check at each treatment session for accuracy and updated as appropriate and compare with recommendations on whiteboard
 - If missing in room, staff to create new one based on current diet/compensatory recommendations

Communication

Signage

- Whiteboard
 - Nursing to own whiteboard at XXX and XXX
 - SLP Staff Expectations
 - SLP to cross check at every patient visit and update as appropriate
 - Ensure recommendations are similar to posted swallowing guidelines

Documentation

- Barrier: It is sometimes difficult to document right after you complete a swallow study
 - Question: How do we effectively and consistently communicate the safest diet to the RN/MD/family/patient? How can we ensure that this information is passed from caregiver to caregiver?
 - Answer: Streamline documentation to make it easier for medical staff to interpret our results and add SLP recommendations to shared documentation with medical staff (i.e. hand off tools, AVS, etc.). Define expectations regarding recommendations following swallow evaluations. See signage slides for caregiver education.

Documentation

Communication of results/recommendations

- Communicate to RN as soon as possible following swallow evaluation (bedside or video) or with any change to diet recommendations or compensatory strategies
- Document diet recommendations in the flowsheet row ASAP after completing your evaluation and make sure that the time on the documentation is an accurate representation of when you completed the evaluation.
- SLP to modify current diet order with consistency recommendations or enter new diet order (if patient NPO prior to eval) based on medical recommendations in NPO order.

Diet Orders

- **Diet orders**


- Barrier: SLPs can only make recommendations for diet consistency and compensatory strategies which is why we don't feel comfortable putting in the orders as many patients have other diet restrictions (i.e. carb control, low sodium, etc.)
- Question: What would the “ideal state” look like for the order process?

- **Accuracy of Diets**

- Barrier: Sometimes medical staff change the diet and do not always include the consistency recommendations from ST. (i.e. upgraded from clear to full liquid diet but forgot to include nectar)
- Question: What can we do in order to ensure that the diet recommendations that we make are consistent with what is in the chart?

Diet Reconciliation

- IT added columns that we can add to our patient list which will allow for us to cross check the current diet with our last filed diet recommendations.
 - NM IP SLP DIET RECOMMENDATIONS [304701111]
 - NM IP SLP LIQUID CONSISTENCY RECOMMENDATIONS [304701112]
- Staff expectations:
 - Cross check current diet order with last filed recommendation
 - If discrepancy is noted, SLP will call the RN to discuss

Diet Orders and Comments ...	New S...	Diagn...	SLP (Trea...	Class
LABELS Breast Milk Labels ...			Cathy G T...	NB
Diet Patient Type: Adult; Type: ...		Atrial fi...	Mary E Gu...	I
Diet Patient Type: Adult; Type: ...		Cough	Mary E Gu...	I
Diet Patient Type: Adult; Type: ...		Elevat...	Alison Ka...	B
Diet Patient Type: Adult; Type: ...			Alison Ka...	I
Diet Patient Type: Adult; Type: ...			Alison Ka...	I
Diet Tube Feeding Facility: C...		Alcoho...	Alison Ka...	I
Diet Patient Type: Adult; Type: ...		Weakn...	Alison Ka...	B
NPO			Erica Fent...	I
Diet Patient Type: Adult; Type: ...		CVA(c...	Cathy G T...	B
Diet Patient Type: Adult; Type: ...		Hyperk...	Mary E Gu...	B
NPO NPO except for: Sips wit...		Expres...	Mary E Gu...	I
Diet Patient Type: Pediatric / I...			Cathy G T...	I
Diet Patient Type: Adult; Type: ...			Mary E Gu...	I
Diet Patient Type: Adult; Type: ...		Pneu...	Mary E Gu...	I
Diet Patient Type: Adult; Type: ...		Weakn...	Mary E Gu...	I
Tube Feeding Facility: C...			Erica Fent...	I
Diet Patient Type: Adult; Type: ...		Hypok...	Erica Fent...	I

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Documentation

Speech-Language Pathologists

- APSO: Assessment, Plan, Subjective, Objective with diet recommendations on the top of the note. We will be exploring collapsible notes in the near future.
- Documentation guidelines
 - Must be completed within 24 hours and best practice of as close to point of service as possible in formal findings/education
 - Must reflect date/time evaluation or treatment was completed



Documentation

Speech-Language Pathologists

- Documentation Guidelines Continued:
 - Diet Recommendations documented every visit in the flowsheet
 - Document education with family/patient at every visit to include any compensatory strategies and provide additional handouts to family as appropriate.
 - Document contact note when patient is unavailable or not appropriate
 - If recommending therapeutic feeds, SLP must document who is responsible (SLP only, caregivers, etc.)

Documentation

Medical Care Team

- Last documented SLP instructions has been added to the following:
 - Nursing general hand-off report
 - PCT hand-off report with diet
 - Patient AVS
 - IPC report, to display under the inter-professional team members notes re: discharge strategies
 - Last documented SLP recommendations and diet added to Transfer to Facility document
- SLP instructions added to the Diet Order comment section to include recommended feeding strategies and diet consistencies. Going live in October 2018
- Report of patient's diet history for the past year added to diet orders.

New Report to Pull into Every Diet Order

Diet

 Accept
 Cancel

Diet Orders

Date and Time	Order Name	Status	Description
7/11/2018 2007	Diet Patient Type: Adult; Type: Cardiac/TLC	Sent	
4/20/2018 1626	Diet Patient Type: Adult; Type: Dysphagia; Dysphagia Type: Advanced/Soft to Chew (NDD3); Additional Restrictions: Cardiac/TLC, Liquid Consistency; Liquid Consistency Type: Thin Liquids	Canceled	
4/20/2018 1104	Diet Patient Type: Adult; Type: Cardiac/TLC; Additional Restrictions: Liquid Consistency; Liquid Consistency Type: Nectar Thick	Canceled	
4/19/2018 1755	Diet Patient Type: Adult; Type: Cardiac/TLC	Canceled	

SLP Diet Recommendations

Diet	Value	Time
Diet recommendations	Regular	4/20/2018 11:00 AM
Liquid consistency recommendations	Nectar thick liquids	4/20/2018 11:00 AM
Support strategies recommendations	Small bites/drinks; Slow rate; Upright 90 degrees	4/20/2018 11:00 AM
Medication administration	With thickened liquids	4/20/2018 11:00 AM

Frequency: **DIET EFFECTIVE NOW** Effective Now Effective 0500 Effective 1000 Effective 1400 Effective Midnight Effective _____

For: Hours Days Weeks

Starting: At:

Starting: **Today 1523** **Until Specified**

Scheduled Times: [Hide Schedule](#)
8/7/18 1523

Patient Type:

Suicide Precautions / Safety Tray:

Diet Cmnts: (450 char max.)

abc ? +

Next Required
 Link Order

 Accept
 Cancel

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