

**ORG** How do you triage feeding and/or swallowing referrals that come through to acute care when both OT and ST are involved in feeding and swallowing evaluation and treatment?

**ORG A** At ORG A, we have an inpt feeding team order. Both SLP and OT will see the child (ideally together) for assessment, and then they will determine who will follow for therapy based on needs. In the event both follow, their goals should be distinctly different.

**ORG B** At ORG B, we do have a shared model of practice between OT and SLP. In the acute setting (inclusive of NICCU), we have “Dysphagia Team Consult Orders”, which allows either discipline to pick up the patient for the initial evaluation. In the mornings, our OT and SLP teams huddle together to distribute new consult orders. Because we have the overarching “Dysphagia Team Consult Order”, if we need to cross-cover (due to staffing), we have the other discipline complete a brief evaluation and establish discipline-specific goals and plan of care, so that we are operating within our own scopes and in accordance with our state practice acts. The two therapists will then communicate/collaborate on the continued plan of care and coverage.

**ORG C** Speech gets all the feeding referrals

One team member carries a pager which alerts when a new order has been placed in the PICU or med surg floors. That team member communicates with the inpatient feeding team (made up of SLP/OT) regarding who has availability for the evaluation. Communication primarily takes place using Voalte phones which allows for communication within the hospital. New referrals are made a priority and are addressed within 24 hours of receiving the referral. Unique times in which the SLP or OT are specifically assigned to a patient over the other discipline only occur if the patient has other acute care needs related more to one discipline (e.g. cognitive communication needs in addition to CFE, then the team will do their best to have the SLP see the patient if staffing coverage allows for it)

**ORG E** In ORG E we only have SLPs doing feeding and swallowing in acute care.

**ORG F** At ORG F we use an age based approach. Our OT/PT team handles all of the feeding for infant below 12 months – both in acute care areas of the hospital (including all ICUs) and for outpatients. Then SLPs handle feeding for all of the patients 12 months and above.

The exception to this is the our SLPs run the VFSSs for all patients of all ages – typically doing that in coordination with the treating feeding therapist.

**ORG G** In our acute care setting: ST does all the feeding and swallowing.

**ORG H** At this time at our facility, speech therapy addresses all feeding orders.

**ORG I** In our facility, feeding and swallowing fall to the SLP team. It has just evolved that way here with the expertise and advanced training.

**ORG J** Only SLPs do feeding in our facility. OT gets pulled in if there are additional related sensory issues.

**ORG K** Our SLPs see all feeding/swallowing patients in an acute setting at ORG K.

**ORG L** At our hospitals, speech handles any concerns with dysphagia while OT handles the sensory based feeding issues. ST is typically consulted first and recommends OT as needed.