From “NPO, Needs Feeding Tube” to Palliative Dysphagia Management: How to Collaborate with Speech-Language Pathologists (SA534)

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Objectives

- Describe a quality improvement initiative to maximize collaboration between speech-language pathology and palliative care.
- Describe three complex cases in which speech-language pathology and palliative care collaboration improved care.
- Create ideas for how speech-language pathology and palliative care could collaborate at your institution.

Clinical decision-making about dysphagia management is challenging when caring for complex and end-of-life patients. Palliative care and speech-language pathology are often the primary services that address these issues. As with many disciplines, speech-language pathologists’ academic training regarding the assessment and management of dysphagia in end-of-life cases is limited. This results in recommendations that may not be consistent with a patient’s goals of care, as well as an element of clinician distress. Speech pathologists’ training is targeted at “preventing aspiration” rather than how to address feeding/swallowing issues in complex cases. Mixed messages regarding perceived risks can result in primary services receiving conflicting information from speech-language pathology and palliative care consultations.

We developed a quality improvement initiative involving collaboration between speech-language pathology and palliative care services with the goals of providing clear, consistent recommendations to patients and their families regarding swallowing status as it relates to oral intake options, aspiration risks, and eating for quality of life. Discussion will include the joint development of written guidelines and standards of documentation that provide structure and a consistent means of communication between numerous palliative care and speech-language pathology staff across the continuum of inpatient care. This session will provide examples of typical speech-language pathology consults of clinically challenging situations that were occurring prior to this project and present case examples that demonstrate the enhanced patient care provided with implementation of this protocol. In conclusion, the session will detail means that were used to objectively measure staff opinions of and usage of these guidelines and goals for sustaining and improving this multidisciplinary collaboration. We will include small and large group discussions of ways that you could develop similar interventions at your institution, including identifying speech-language pathology and palliative care champions, education of both the speech-language pathology and palliative care teams, and methods for optimizing communication regarding shared cases.