

Kentucky SEQIP Statewide Approach to Improving Bedside Dysphagia Screening

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Background

Research has shown that dysphagia occurs within 3 days of a stroke in 42-67% of patients. Of those, 50% aspirate, leading to higher morbidity and mortality due to complications such as pneumonia, dehydration and malnutrition. After reviewing aggregate Get With The Guidelines data, a voluntary group of Kentucky hospitals named SEQIP (Stroke Encounter Quality Improvement Project) was convened and agreed to share data. SEQIP, which included certified stroke centers and those pursuing certification working in collaboration with the AHA/ASA and the KY Department of Public Health, implemented a statewide QI Plan in an effort to improve the care of stroke patients with regard to bedside dysphagia screening prior to oral intake.

Purpose

The purpose of this hospital collaboration was to increase overall compliance of bedside dysphagia screening for acute stroke patients by implementing a unified statewide effort.

Methods

Baseline bedside dysphagia screening results were reviewed from 16 SEQIP hospitals. Using an interdisciplinary continuous quality improvement process, SEQIP hospitals shared best practices and dysphagia screening tools, such as Just Add Water, NPO Until You Know, Toronto Bedside Swallowing Screening Test, and other validated screening tools. SEQIP then developed a statewide QI Plan that supported integration of evidence-based bedside dysphagia screening, monitoring, evaluation, reporting and accountability at each member hospital.

Results

SEQIP's participating hospitals achieved improvement in screening rates compared to 2008 baseline data as a direct result of quality improvement techniques. Between 2008 and 2014, SEQIP achieved a 28.9% increase in proportion of eligible patients (n=27616) receiving screening (from 62.87% to 91.81%). SEQIP hospitals demonstrated year-by-year improvement in performance. In the analysis, statistically significant ($p < 0.001$) improvements occurred in every subsequent year compared to baseline.

Participating Hospitals

Baptist Health Lexington, Baptist Health Louisville, Baptist Health Paducah, Hardin Memorial Hospital, Jewish Hospital, King's Daughters Medical Center, Norton Audubon, Norton Hospital, Norton Women's and Kosair Children's Hospital St. Matthews, Owensboro Health Regional Hospital, Pikeville Medical Center, St. Elizabeth Healthcare, Sts. Mary and Elizabeth Hospital, The Medical Center at Bowling Green, University of Kentucky Healthcare, University of Louisville Healthcare

Conclusions

Collaboration between hospitals, sharing of best practices, identification of evidence-based dysphagia screening tools, and the development of a unified QI Plan resulted in improved statewide compliance with bedside dysphagia screening before oral intake.

