

Exploring speech pathology service delivery and dysphagia identification in the Ballarat Health Services pulmonary rehabilitation program for people with chronic obstructive pulmonary disease

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Background

People diagnosed with chronic obstructive pulmonary disease (COPD) can develop swallowing difficulties (dysphagia 17-85%) [1-4] with a range of studies reporting aspiration (when food/fluid enters the lungs 17%-42) [5]. Community programs such as the Ballarat Health Services (BHS) pulmonary rehabilitation program (PRP) for people with COPD often include dysphagia education, however education alone is insufficient to identify and manage dysphagia [6]. We present Phase 1 results from a larger study investigating the implementation of routine dysphagia screening in the PRP for people with COPD.

Aim

To explore current practices related to dysphagia identification for people with COPD enrolled in the BHS PRP.

Method

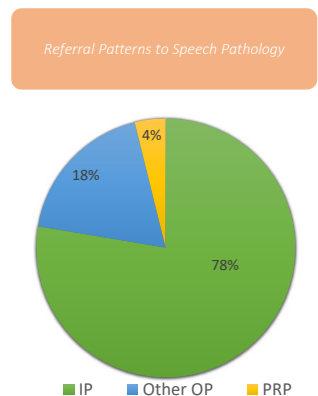
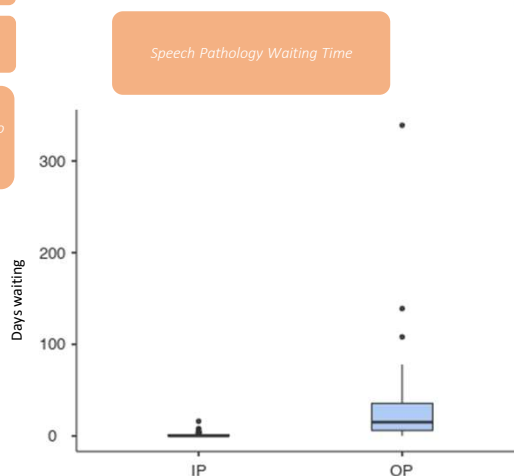
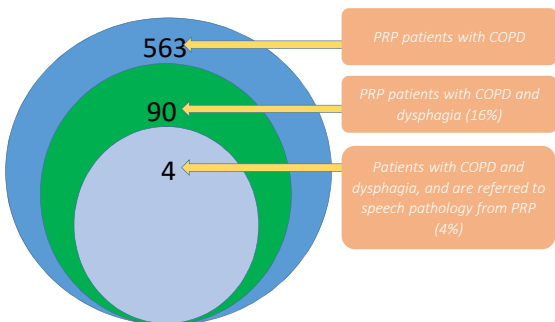
- Audit of medical records from 2014-2018 of people enrolled in the BHS PRP to determine referral patterns to Speech Pathology (for clinical and instrumental swallowing assessments) and waiting time between referral to Speech Pathology and the identification of dysphagia.

Results

- 563 records were reviewed
- Preliminary review of referral data at BHS over the five-year period shows 16% (N=90) of people who participated in the PRP were referred to speech pathology for dysphagia.
- Only 22% of these referrals were seen during the person's outpatient episode of care, four of which came from PRP; the majority of the referrals were triggered once the person was admitted to hospital (78%).
- 23% had instrumental swallowing assessments

Conclusions

- Based on the known prevalence of dysphagia and aspiration in this population we have identified under diagnosis and management of dysphagia within the PRP at BHS
- There is currently no systematic approach to dysphagia identification within the PRP for people with COPD at BHS.
- Data from this study provides baseline information on current practice
- This data will be used to compare (dysphagia identification and potential aspiration) after implementation of routine dysphagia screening upon commencement of the program (Phase 2).



References

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