

LDC REVIEW

Louisiana Dysphagia Consultants

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LOUISIANA DYSPHAGIA CONSULTANTS

LOUISIANA DYSPHAGIA CONSULTANTS HAS ARRIVED!

Louisiana Dysphagia Consultants (aka LDC) is pleased to announce that we are now seeing patients for dysphagia consultations (including the mobile modified barium swallow study) "pharyngograms." Our practice officially opened our doors on January 23, 2012.

We are based in the Baton Rouge area and will be servicing the Lafayette, New Orleans, and Lake Charles areas in addition. We plan on expanding to cover the Shreveport, Monroe, and Ruston areas as soon as the demand for our service permits.

Our mobile clinic team includes a doctor, an SLP, and a driver/technician, who helps transport patients to and from the clinic in addition to assisting during the examination.

Our first Louisiana-dedicated clinic is a new, 2011, 26 foot long mobile clinic. It is equipped with a 600lb. capacity wheelchair lift for entry and exit of our patients and can accommodate 99 % of all wheelchairs and gerichairs. Inside we have state-of-the-art x-ray equipment and a computer network connected to high-definition monitors for staff and visitors to view the study while underway.

Louisiana Dysphagia Consultants (LDC) performs the MBSS/Pharyngogram onsite in their mobile clinic and leaves a full report, including diet recommendations and treatment plans, along with a DVD with audio of the examination helping the treating speech pathologist to educate family members, caregivers, and providers who are not present for the study. Our mobility makes our service extremely convenient for nursing home patients, LTACs, physician offices, and home health patients, as we can perform the study at their place of residence.

You, as the treating therapist, are encouraged to come aboard and be a part of the study if you choose. We are a member of your diagnostic team, not a replacement!



State-of-the-art clinics that come to you!

WHAT ARE THE BENEFITS TO HAVING AN ONSITE MOBILE SWALLOWING STUDY PERFORMED BY LOUISIANA DYSPHAGIA CONSULTANTS?

1.) Reduce transfer and waiting times for patients who have difficulty transporting to and from the hospital for this procedure.

2.) Improve comprehensive nature of video swallowing evaluation by including treating therapist, caregivers, family members, etc. as a part of the study process.

3.) Develop detailed and realistic treatment plans for directed treatment of swallowing; allowing for better progress with therapeutic intervention.

4.) Shift the focus of the swallow study from detection of aspiration to assessing underlying pathophysiology, assessing structural vs. muscular function of structures involved in swallowing, and incorporate how the diagnosis, prognosis, and patient's and family's wishes are an important factor when making individualized recommendations .

5.) Provide education to staff, allowing better follow-through on diet recommendations and treatment plans, as well as the role of oral care in reducing the occurrence of aspiration pneumonia.

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SCHEDULING AND "ADD-ONS"

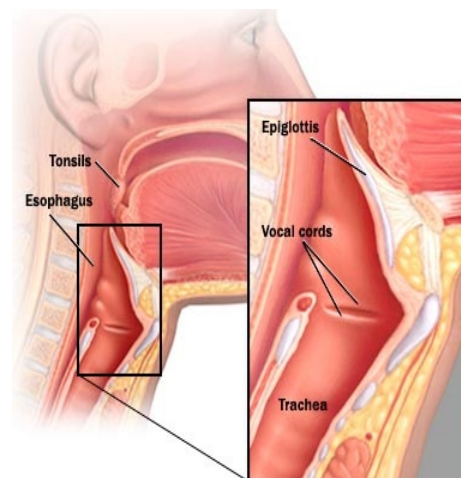
Our scheduling department will give you a 1-2 hour time window when we call to schedule your patient. We try to schedule patients 24 hours in advance. Please include your cell phone number so that we may call you directly when we are notifying you of the scheduled time for the next day and so we can call you when we are on our way on the day of the evaluation. We will also call the facility 15 to 20 minutes before we arrive so that the patient(s) are awake and ready in their wheelchair or Geri chair with their current vitals and chart available for the doctor to review.

Due to our mobility, our schedule can change due to weather, road conditions, traffic, difficult patients, and/or mechanical difficulties of the mobile clinic.

We will call you with any changes as they are known.

In addition, if you have other patients in need of an evaluation, even if the patient was just admitted or symptoms are just recently observed, we will be more than happy to see them the same day when we get to your facility. We refer to these patients as "add-ons". Simply have them up and ready, then fax over their paperwork to our office. You can also bring all completed paperwork to the van team, who can then communicate this to our office staff.

It is best to identify patients with dysphagia or suspected dysphagia as early as possible to start them on the safest diet with a directed treatment plan and we will be happy to accommodate you and your patients in need if we are already at your facility.



Exploded view of the Larynx

HELPFUL DYSPHAGIA INFORMATION

Silent aspiration is aspiration that is occurring without coughing or choking as symptoms. This is the most serious type of dysphagia and affects up to 50% of patients with swallowing difficulties. There are only 2 ways to know for sure that a patient is aspirating:

1. Have a modified barium swallow study
2. Have a confirmed diagnosis of Aspiration Pneumonia

Prevention of aspiration pneumonia is key in helping patients to recover from other illnesses. Dysphagia is a secondary diagnosis. If patients are at high risk or have a primary diagnosis such as Alzheimer's, Parkinson's, CVA, COPD/CHF, or other neuromuscular degenerative diseases, their swallowing function may be affected and they are at risk for silent aspiration. A Physical Therapist would not treat a patient with a broken limb without first finding out where it was broken and if it was healing. These facts can currently only be determined through x-ray.

"Silent aspiration affects up to 50% of patients with swallowing difficulties."



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HELPFUL DYSPHAGIA INFORMATION CONTINUED

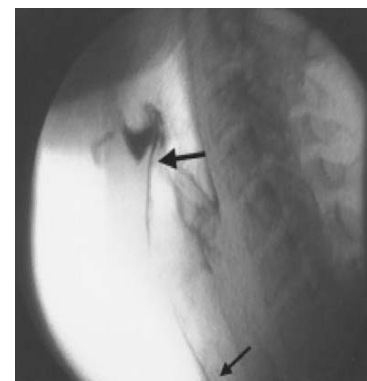
SLP's should demand that they treat suspected swallowing dysfunction with xray confirmation to determine the pathophysiology of the dysfunction for more focused treatment plans to rehabilitate the swallowing dysfunction.

For example, lets assume that an SLP is treating a patient for reduced laryngeal elevation. However, the underlying pathology is really cricopharyngeal dysfunction caused by a bulging osteophyte. In this case, laryngeal elevation exercises will not be as likely to help improve the swallowing function. Therefore, a patient has received non-focused treatment which could limit the recovery.

By defining a directed treatment plan, the appropriate diet level and applicable strategies, our evaluation can put a patient with dysphagia on a more realistic path to recovery. Remember, if an MBSS does not tell you when and why a patient penetrated/aspirated, where/why there is residue, or outline applicable treatment strategies, then the results may be inadequate to provide treatment correctly.

Nobody wants a guess at their own treatment plan, therefore we must not guess for our patients.

"Treat every patient like you would want to be treated" is our mantra!



Dysphagia.

EASY REFERENCE GUIDE TO SCHEDULE AN ONSITE DYSPHAGIA CONSULTATION WITH LOUISIANA DYSPHAGIA CONSULTANTS

Scheduling an MBSS is an easy process with LDC:

- 1.) Obtain a verbal order from patient's physician, see order portion of intake form or order guidelines at mbssonline.com
- 2.) Obtain consent from the patient or his/her legal representative, this can be verbal consent and indicated on the lower portion of the intake form
- 3.) Fill out intake form (included with this newsletter) and located on MBSSONLINE.com
- 4.) Fax all information to 1-877-787-9377

LDC's goal is to come out to see your patient in our listed immediate service areas within 24 to 72 hours once all correctly completed paperwork is received!

"LDC's goal is to come out to see your patient in our listed immediate service areas within 24 to 72 hours."

HELPFUL HINTS WHEN SCHEDULING A PATIENT:

-Please include your direct contact cell phone number on the intake form so that we may call or text you directly to let you know about our arrival, sometimes it is difficult to find you in the facility and times change due to the nature of mobile life.

-Please call to check that we received your fax if you have not heard from us in the designated time frame or you can call when you first fax your paperwork to confirm that our fax machines are communicating with each other. LDC office phone number to call: 225-308-7333 or 1-877-787-9846, talk with Michael your scheduler.

MEET OUR SPEECH-LANGUAGE PATHOLOGIST

Piper Harris, MA, CCC-SLP, is the primary SLP that will be performing the MBSS on the mobile clinic for Louisiana Dysphagia Consultants.



Piper Harris, MA, CCC-SLP, *Managing partner and author*

Piper is originally from Clinton, Mississippi and attended Delta State University in Cleveland, Mississippi for undergraduate studies and University of Memphis for her graduate training which was completed in 1999.

During Piper's graduate training Dr. Jeri Logemann was a guest professor teaching the MBSS portion of her dysphagia class. During this period, Piper developed an interest in the medical aspects of speech pathology particularly related to dysphagia.

Piper has performed dysphagia consultations including the modified barium swallow study for the past 10 years on over 15,000 patients.

Piper opened a mobile MBSS practice in Texas along with 2 physicians, after which this practice is modeled. The Texas based practice, with its corporate headquarters located in Houston, Texas is now performing consultations for over 1500 patients a month. The goal is to bring this level of consult to the Louisiana area to conveniently yet more comprehensively evaluate a patient's swallowing function as early as possible. This allows the treating speech pathologist to better define the underlying pathophysiology of the swallowing dysfunction, plan more directed treatment goals, and identify a safe and least restrictive diet which support better patient outcomes and improves quality of life.

Piper invites you, as well as staff and family members to come out to the mobile clinic during the evaluation to help provide as much information as possible about the patient's diagnosis, prognosis and wishes as related to their underlying swallowing problem to help the patient make the most informed decision as possible when it comes to their eating and swallowing.

EDUCATION IS KEY!

For a free in-service for your CNAs or Nursing Staff or if you have any questions about our service please call Piper directly at (832) 563-7464.



Louisiana Dysphagia Consultants

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REQUIRED DOCUMENTS TO SCHEDULE STUDY: FAX IN THIS SIGNED FORM OR ORDER WITH FACE SHEET
IF AVAILABLE: FAX BEDSIDE EVALUATION

Name of Facility: _____ City: _____

Form Completed By: _____ Contact Cell #: _____

Facility Speech Path: _____ Facility Phone #: _____

Date: _____ Email Address: _____

Please CIRCLE One: Medicare A Medicare B Medicaid Policy # _____

Other Insurance: _____ Preauth: _____

Patient Name: _____ DOB: _____ Sex: M F

Referring Physician: _____ (print first and last name)

<p>Primary Reason for Consult: (CIRCLE those that apply/listed in alphabetical order) <u>breathing difficulty with po intake</u> <u>breathy vocal sound</u> <u>coughing</u> <u>choking</u> <u>dehydration</u> <u>difficulty swallowing</u> <u>dizziness</u> <u>feeding difficulties</u> <u>food/pills getting stuck</u> <u>GERD/Esophageal reflux</u> <u>globus sensation</u> <u>heartburn</u> <u>hoarse vocal quality</u> <u>malnutrition</u> <u>moist cough</u> <u>pneumonia</u> <u>pocketing</u> <u>poor po intake</u> <u>recurrent pneumonia</u> <u>respiratory distress</u> <u>shortness of breath</u> <u>signs/symptoms of dysphagia</u> <u>spitting food/saliva</u> <u>suspect silent aspiration</u> <u>tearing with oral intake</u> <u>vomiting</u> <u>weightloss</u> <u>wet vocal quality</u> <u>wheezing with po</u> Other indications for swallowing evaluation: <u>determine least restrictive diet</u> <u>diet upgrade</u> <u>determine safest diet</u> <u>improvement with swallowing</u> <u>decline with swallowing</u> <u>feeding evaluation</u> <u>pre-tx evaluation of swallow</u> <u>suspect reflux</u></p>
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Has patient had a recent bedside swallowing evaluation? Y N Unknown if yes, please fax with this form

Has the patient had a recent change in status? Y N Unknown If yes, is the change for better or worse? (Circle one)

(CIRCLE all that apply) Does pt have PEG? Y N Duration of dysphagia symptoms: days weeks months years

Pertinent Medical History/Diagnosis (circle those that apply)

CVA Parkinson's GERD Alzheimer's Dementia CHF COPD Pneumonia Other: _____

What tx is being used? Oral motor estim thermal stim pharyngeal exercises none yet

Dentition: natural partials dentures edentulous

Current Diet: Regular Mech Soft Pureed NPO **Liquids:** regular/thin nectar honey pudding

Cognitive Status: Communicates: Y or N Follows one step commands: Y or N

Please **check and sign** this order (**ORDER** must be **SIGNED BELOW** to schedule)

- Include all of the below assessments in the comprehensive dysphagia consult including the modified barium swallow study (MBSS) - this is the comprehensive evaluation we have always performed
 - Esophageal scan - approx. 30% of our pts have asymptomatic esophageal dysphagia
 - Vocal cord assessment for structural integrity/abnormalities and function
 - Mandibular/dental assessment for structural integrity/abnormalities and function
 - Cervical spine assessment for structural integrity/abnormalities and function
 - Frontal chest view for aspiration when aspiration occurs
- Physician consult requested for dysphagia will include all medically necessary assessments of swallowing/deglutition

Primary Physician Signature (file in patient's permanent medical record for physician signature) Date: _____

Signature of person verifying verbal order if physician is not available to sign above before scheduling

AUTHORIZATION

Verbal consent from patient or legal guardian for this procedure:

Date received: _____

Consent received from: _____

Staff Signature: _____

May require advance beneficiary notice due to lack of Medicare coverage, you will be notified prior to study