

Speech-Language & Audiology Canada Current Dysphagia Practice Patterns 2016 Survey Results

INTRODUCTION

Speech-Language & Audiology Canada (SAC) is the premier national association representing speech-language pathologists (S-LPs), audiologists and communication health assistants in Canada.

S-LPs have long been regarded as the foremost professionals in dysphagia assessment and management and are leaders in dysphagia research endeavours. To better support our membership and the needs of people of all ages with dysphagia, SAC wanted to learn more about current dysphagia practice patterns.

In 2016, SAC formed the Current Clinical Issues in Dysphagia Practice in Canada Ad Hoc Committee. As part of its work, the ad hoc committee developed a survey to determine current practice patterns of S-LPs providing services to adults and children with dysphagia. SAC's survey, which included questions about dysphagia screening, assessment and treatment practices, was disseminated to all SAC speech-language pathology members in November 2016. In an effort to ensure wide distribution, a number of regulatory bodies agreed to send the survey to their members as well. SAC is pleased to make available the findings of this survey.

SURVEY HIGHLIGHTS

Who participated in the survey?

A total of 541 valid survey responses were received from S-LPs providing dysphagia services across Canada:

- Ontario – 208 (38%)
- British Columbia – 88 (16%)
- Québec – 72 (13.3%)
- Alberta – 70 (12.7%)
- Manitoba – 35 (7%)
- New Brunswick – 33 (6%)
- Newfoundland and Labrador - 15 (3%)
- Saskatchewan - 11 (2%)

- Territories - 5 (0.9%)
- Nova Scotia - 5 (0.9%)
- Prince Edward Island - 1 (0.2%)

Sixty-eight percent of respondents had practiced in the area of dysphagia for 5 or more years.

Where do S-LPs who practice in dysphagia work and who are their patients?

The majority of respondents (68%) reported that patients/clients with dysphagia formed at least half of their caseload.

Most respondents worked in acute care hospitals (61%). Other work settings included:

- outpatient clinics (41%)
- inpatient rehabilitation (38%)
- outpatient rehabilitation (27%)
- long-term care facilities/nursing homes (22%)

Twenty percent of respondents provided dysphagia services in the patient's/client's home and 7% were in private practice. The majority of respondents (74%) reported they worked with adults exclusively, while 14% worked with children only (the remaining 12% provided dysphagia services to both adults and children).

How do S-LPs deliver dysphagia services in Canada?

Most respondents (83%) reported that dysphagia is screened in their workplace, with S-LPs developing screening policies and procedures and/or undertaking the screening.

Nearly all S-LPs (99%) reported that they conducted clinical swallowing assessments consisting of: case history (100%), oral mechanism examination (98%), swallowing trials (96%) and oral/dental health observation (91%). Meal observations were used by 65% of respondents.

Just over half (56%) indicated that speech-language pathology was the only profession to independently conduct clinical swallowing assessments in their workplace, but the survey results indicated variable practice across Canada: Ontario - 74%, Saskatchewan - 73%, New Brunswick - 72%, Newfoundland and Labrador - 60%, Alberta - 44%, British Columbia - 40% and Québec - 13%. Data for the Territories, Nova Scotia and Prince Edward Island are not reported due to the small number (< 10) of respondents in each of those provinces/territories.

Sixty-five percent of S-LPs reported performing videofluoroscopic swallowing assessments (VFSS). Of these, 31% reported never receiving radiation safety training and 94% reported that an S-LP leads the VFSS procedure. Radiation technologists and radiologists were also commonly involved in VFSS (87% and 52% respectively). Fourteen percent of respondents reported conducting fiberoptic endoscopic evaluation of swallowing (FEES). Of these, 65% performed the procedure independent of a physician.

S-LPs reported using a range of dysphagia interventions including:

- diet texture modification (98%)
- patient and family education and counselling (98%)

- monitoring (93%)
- recommending non-oral feeding (85%)
- comfort feeding (82%)
- rehabilitative treatment (71%)

Eighty-eight percent reported they consult or collaborate with other professionals to provide dysphagia interventions (e.g., pharmacy/physician for medication administration).

Almost all respondents (97%) reported recommending oral care interventions.

Nineteen percent reported that dysphagia services are provided by S-LPs on weekends/evenings in their primary practice setting.

We asked what the number one challenge S-LPs were facing related to dysphagia practice:

The most frequently reported challenge was poor S-LP staffing levels (48%). Further comments revealed that staffing issues lead to increased wait times, limited opportunities for follow-up and treatment and restrictions in the range and intensity of dysphagia services offered.

Nineteen percent of respondents indicated that a lack of understanding of the role/value of speech-language pathology services in dysphagia by other professionals was their number one challenge.

Eighteen percent of respondents reported that lack of access to VFSS/FEES was their number one challenge in dysphagia practice. Interprofessional team conflict and struggle with roles were a particular area of concern for 63% of respondents practicing in Québec.

Wait Times

The following tables outline the wait times reported for S-LP dysphagia services:

Inpatient Dysphagia Services

Service Type	Wait Times		
	Same Day	1-3 days	4 days +
Clinical (Bedside) Assessment	43% (n = 174)	53% (n = 214)	4% (18)
VFSS	3% (n = 11)	62% (n = 225)	35% (n=127)
FEES	23% (n = 23)	62% (n= 63)	16% (n = 16)

Outpatient Dysphagia Services

Service Type	Wait Times		
	Within 1 Month	1-3 Months	More than 3 Months
Clinical (Bedside) Assessment	54% (n= 179)	30% (n= 99)	16% (n = 55)
VFSS	26% (n = 90)	34% (n= 117)	40% (n= 138)
FEES	37% (n= 31)	32% (n = 27)	31% (n = 26)

CONCLUSIONS

Over 500 S-LPs shared their dysphagia screening, assessment, management and treatment practices as well as challenges faced in the workplace. The results of the survey suggest that S-LPs in Canada continue to take a lead role in dysphagia practice in a variety of workplace settings and across the lifespan. The majority of respondents worked in acute care hospitals and the data suggested that fewer S-LPs provided pediatric dysphagia services than adult services. Furthermore, few respondents reported working in long-term care where the prevalence of dysphagia is high. The biggest concern identified by respondents across Canada was the inadequacy of S-LP staffing levels to provide the full range of services available and to appropriately assess, treat and manage dysphagia. There were some regional differences. For example, the majority of S-LPs working in Québec indicated that a lack of understanding of the role/value of speech-language pathology services in dysphagia by other professionals was their biggest challenge.

The findings of this survey have been used to inform [The Role of Speech-Language Pathologists in Dysphagia Position Statement](#) and other SAC initiatives.

SAC Dysphagia Initiatives

Over the course of 2016 and 2017, SAC has led important initiatives to promote the role of speech-language pathologists in dysphagia including:

1. [SAC Position Statement: The Role of Speech-Language Pathologists in Dysphagia](#)
2. [Dysphagia poster and information sheet](#)
3. [2017 dysphagia awareness advertising campaign in five Canadian cities](#)
4. [SAC Position Statement: The Role of Speech-Language Pathologists, Audiologists and Communication Health Assistants in End-of-Life Care](#)
5. [End-of-Life resources](#)

SAC would like to thank all of the S-LPs who completed our survey and added to the breadth of information about dysphagia practices across Canada. SAC will use the survey data to inform advocacy initiatives and encourages members to do the same.

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