



Speech-Language & Audiology Canada
Orthophonie et Audiologie Canada

Communicating care | La communication à cœur

SAC Position Paper on

The Role of Speech-Language Pathologists in Long-Term Care

Speech-Language and Audiology Canada
#1000-1 rue Nicholas St.
Ottawa, ON K1N 7B7
613.567.9968
1.800.259.8519
info@sac-oac.ca
www.sac-oac.ca

July 2023

Committee Members

1. Tamra Bing MSc. RSLP (C) (Committee Chair)
2. Katharine Davies, M.Sc., RSLP
3. Sara Laughton, MSc., R.SLP, S-LP(C)
4. Ashwini Namasivayam-MacDonald, PhD, CCC-SLP, SLP(C), Reg. CASLPO
5. Sasha Wade, MSc., RSLP
6. Sue Decker, M.Sc., RSLP (SAC staff liaison)

A position paper represents the direction SAC has taken on a particular topic or provides guidelines for particular areas of practice. These positions are time-bound, representing the thinking at a particular point in time.

Position

It is the position of Speech-Language & Audiology Canada (SAC) that speech-language pathologists (S-LPs) are essential members of an interprofessional team supporting autonomy, well-being, and quality of life for residents of long-term care (LTC) homes. Guided by evidence-based practice and expert knowledge in communication and swallowing, S-LPs are uniquely qualified to lead the care team in optimizing safe swallowing, mealtime satisfaction, social participation, and the basic human right of communication accessibility. All residents of Canadian LTC homes have the right to timely, equitable, culturally and linguistically relevant, and comprehensive speech-language pathology services.

Background

The communication and swallowing needs of LTC residents are significant. There are over 2,000 LTC homes in Canada, serving nearly 200,000 residents (Canadian Institute for Health Information [CIHI], 2022). Among this medically complex and heterogeneous population, including seniors and younger adults, communication and swallowing difficulties are highly prevalent. Approximately 75% of residents have communication disorders resulting from dementia, stroke, and other neurological conditions (CIHI, 2022; Kempler & Zelinski, 1994; Sapir et al., 2001) and over 50% of residents have swallowing difficulties (Clavé & Shaker, 2015; Steele et al., 1997). Without access to speech-language pathology services, these impairments profoundly and pervasively impact the day-to-day lives of residents. For example, a person with dementia may become agitated because they have difficulty understanding explanations of care, a stroke survivor with aphasia may be unable to express they are experiencing significant side effects of a new medication, or a resident with swallowing difficulties may become dehydrated due to prolonged and unnecessary use of thickened liquids. These and many other examples are associated with negative social, cognitive, mental health, and physical health outcomes, and loss of autonomy for residents, as well as increased LTC staff and family caregiver burden (Azios et al., 2018; Lam & Wodchis, 2010; Leaman & Azios, 2021).

Speech-language pathology assessment and intervention services in LTC are person-centered and interprofessional and pertain to many aspects of residents' daily lives, including personal care planning and interactions, social and recreational opportunities, and mealtimes. S-LP services benefit individual residents, families (including primary contacts without familial connections to the resident), care team members, and the care home environment. S-LPs support residents' participation in care planning when communication barriers exist, ensuring the care team accurately follows standards of care and meets each resident's needs and wishes, including at the end of life (Krival, 2013; Speech-Language & Audiology Canada [SAC], 2016). Speech-language pathology services align with Canadian standards of care and can support LTC homes to comply with these standards (Canadian Standards Association, 2022; Health Standards Organization, 2023).

The following sections will present evidence-based components of the speech-language pathology role that foster holistic, person-centered care within an interprofessional context. The role of S-LPs in LTC includes assessment, individual and group intervention, interprofessional collaboration and care planning, family, caregiver, and staff counseling and training, and developing and implementing practice initiatives and systems-based quality improvement projects. Barriers to the access and implementation of comprehensive speech-language pathology services in LTC will also be outlined.

Swallowing

S-LPs have the academic and clinical training to assess and treat oropharyngeal swallowing disorders (dysphagia) based on a holistic approach to care that considers physiological, behavioural, cognitive, cultural, and environmental factors (Namasivayam-MacDonald & Riquelme, 2019; SAC, 2022). Dysphagia management from this broad perspective results in improved resident well-being and meal participation (Dondorf et al., 2015), and increased staff confidence in providing assistance with eating and drinking, identifying swallowing problems, and managing quality of life and safety challenges associated with dysphagia (Gurevich et al., 2021). The assessment tools at an S-LP's disposal range from screenings, clinical bedside evaluations, and instrumental assessments, including videofluoroscopic swallowing studies and fiberoptic endoscopic evaluation of the swallow, where available.

As critical team members in the assessment and management of dysphagia, S-LPs support optimal hydration, nutrition, mealtime satisfaction, and safe medication practices (Barnes & Salemi, 2016; Lau et al., 2018; Sefidani Forough et al., 2020). S-LPs recommend a wide range of dysphagia interventions based on the pathophysiology of dysphagia and ongoing assessment, including diet texture modifications (temporary or long-term), rehabilitative programs, compensatory postures and maneuvers, mealtime and feeding strategies, adaptive eating and drinking tools, and quality-of-life measures (Levenson & Walker, 2019; SAC, 2022). S-LPs serve as advocates for residents' wishes in care planning with the interprofessional team, including at the end of life. They support decision-making regarding eating and drinking risks, food and drink texture preferences, preferred adaptive tools, and ensuring that residents find their mealtimes fulfilling based on the least restrictive diet textures possible (Rudakiewicz, 2015; SAC, 2016; Shune & Linville, 2019).

S-LPs are also strong advocates for oral health and infection control, as poor oral hygiene can lead to complications associated with swallowing, ranging from oral pain to aspiration pneumonia (Atherton Pickett, 2012; Gomes-Filho et al., 2019; Nazir, 2017; Nitschke & Müller, 2004; Sjogren et al., 2008; Yoon & Steele, 2012). Oral hygiene is not only a basic aspect of care but a form of infection control and overall health maintenance. S-LPs can support LTC staff with strategies, education, and training for evidence-based oral care practices in collaboration with dental hygienists and other allied health professionals.

As educators, S-LPs comprehensively inform residents, their families, and LTC staff about the nature and trajectory of each resident's dysphagia and the rationale for individualized recommendations. This leads to increased awareness, identification, and evidence-based management of dysphagia, improved adherence to recommendations, safer and more satisfying mealtimes, and more flexible and individualized dysphagia management plans (Payne & Stevens, 2005).

These skills and practices are best completed as part of an interprofessional team, as S-LPs guide and collaborate with residents, family, and team members such as dietitians, nurses and nursing educators, care aides, occupational therapists, care coordinators, food service staff, recreation therapists, physicians, physiotherapists, rehabilitation assistants, pharmacists, and volunteers to ensure that swallowing goals are integrated into care plans (Bennett et al., 2014; Namasivayam-MacDonald & Riquelme, 2019; SAC, 2022).

Communication

S-LPs are uniquely qualified with expert clinical knowledge and training to diagnose and manage communication impairments and support the development of communicatively accessible LTC environments. S-LPs provide evidence-based and culturally-informed assessment and management services to support the varied and often complex communication needs of LTC residents. Communication screening, observation, formal assessment, and dynamic assessment are used to evaluate residents' communication needs, determine effective communication supports, establish person-centered communication goals, and determine when residents are candidates for individual or group therapy (Davis et al., 2021; Mikkelsen et al., 2019; Payne & Stevens, 2005; SAC, 2017b).

Direct therapy may target a wide variety of short-term or ongoing communication goals in areas such as augmentative and alternative communication (AAC), speech production, language comprehension and expression, voice, resonance, social communication, and cognitive communication. Ongoing direct therapy allows communication goals to be adjusted with neurodegenerative disease progression (e.g., dementia, Parkinson's disease) and promotes the maintenance of communication skills and accessibility.

S-LPs provide additional indirect management by implementing a range of supportive communication approaches and environmental modifications (Azios & Damico, 2020; Duff, 2018; Laver et al., 2016; Leaman and Azios 2021; MacDonald et al., 2020; May et al., 2019; Nguyen et al., 2019; Rappaport et al., 2017; Swan et al., 2018). Through employing individualized communication support strategies during a resident's interactions, S-LPs can help illuminate the resident's competency, maximize engagement in recreation opportunities, enhance independence in activities of daily living, and optimize participation in care discussions to ensure the resident has a central voice in their care. These communication supports, essential throughout a resident's stay in LTC, are especially important during palliative and end-of-life care (SAC, 2016).

A key S-LP role is to provide education and training for the resident, family, and care team about communication accessibility, the nature and trajectory of communication challenges, treatment options, and communication partner training (CPT). This training may be in collaboration with nursing staff, recreation therapists, social workers, and other team members to support each resident's communication goals (Page et al., 2019; Payne & Stevens, 2005). Research demonstrates that CPT for care team members has been most successful when it is experientially-based, including demonstration and practice with multiple opportunities for coaching and reflection, rather than single event lecture and handout-based interventions. CPT provided by S-LPs, who have unique skills in fostering optimal communication, results in improved quality of life for residents and their families, reduced agitation and responsive behaviours in residents with dementia, reduced caregiver stress, and increased staff confidence and satisfaction with communication. These combined effects may lead to improved staff retention (Egan et al., 2010; Eggenberger et al., 2013; McGilton et al., 2009; McGilton et al., 2017).

S-LP collaboration with hearing health professionals is vital in an LTC context because hearing loss is the most prevalent communication impairment impacting older adults (Hickson et al., 2005) and often remains unrecognized and untreated (Statistics Canada, 2016). Hearing loss poses a significant barrier to successful communication and when left untreated may contribute to relationship breakdown, depression, feelings of social isolation and frustration, and cognitive decline (Bisogno et al., 2021; Hickson et al., 2005; Wilson & Tucci, 2021). S-LPs play a critical role in promoting hearing health and accessibility within LTC by providing hearing screenings, referring to audiology services, and collaborating with audiologists in training staff on clear speech strategies for hearing loss and the proper use and maintenance of hearing aids and assistive listening devices (Hickson et al., 2005). Person-centered practice is further highlighted in collaborative initiatives with audiologists to enhance communication accessibility within the physical environment. Other indirect environmental supports S-LPs provide to residents in LTC include enhanced written materials (e.g., visual schedules, pictorial signage, and menus), technology-based environmental controls, lighting modifications, and communication boards and books (O'Halloran et al., 2014), which can maximize residents' ability to participate more fully in daily life in their care home.

In summary, a robust evidence base underscores a comprehensive role for S-LPs embedded in the LTC interprofessional team. Timely and comprehensive speech-language pathology services result in positive outcomes when S-LPs serve as clinicians, educators, collaborators, and advocates through the provision of a variety of assessment and management services for residents who have communication and swallowing difficulties. Although rare, strong examples of integrated and systematic S-LP service delivery exist in Canadian LTC homes and they demonstrate the feasibility of this fulsome and crucial role (Ferguson-Pell et al., 2012; Northern Health, 2017; Wong, 2021). There are also promising models of speech-language pathology service delivery relevant to LTC internationally, which may inform research opportunities in Canada (Boaden & Davies, 2006; Gascoigne, 2016; Page et al., 2019; Payne & Stevens, 2005; Royal College of Speech and Language Therapists, 2014).

Barriers to Comprehensive Services

Despite the value S-LPs bring to the LTC care team to support communication and dysphagia management, there are significant barriers common across Canada that impede the provision of comprehensive and equitable speech-language pathology services. These highly interrelated barriers include extremely limited funding for speech-language pathology services, intermittent and infrequent S-LP presence in most LTC homes, lack of clear referral mechanisms, and lack of awareness of the S-LP role.

- Very few Canadian LTC homes utilize the allied health care funding they receive to embed an S-LP position into the care team. This has resulted in only 0.2% of residents receiving speech-language pathology care, despite the majority of residents presenting with swallowing and communication impairments (CIHI, 2022; Kempler & Zelinski, 1994; Sapir et al., 2001). Given that there are no speech-language pathology services in most care homes, especially in those outside of urban areas, opportunities to advocate for communication and swallowing health are limited (Bennett et al., 2016; Dondorf et al., 2015; Hopper et al., 2007; McGinnis et al., 2019).

- Where speech-language pathology services exist, they are limited in scope and inequitable across care homes, commonly provided by an outside contractor or agency on an intermittent and inconsistent basis, and often focused solely on swallowing. The S-LP who is not integrated into the care team has limited or no opportunity to 1) provide ongoing management or follow-up for residents (such as diet texture upgrades and treatment plan updates), 2) design and implement comprehensive and systematic services, such as evidence-based staff training and support and communication accessibility programs, or 3) obtain comprehensive data on service outcomes related to communication, swallowing, and quality of life (Sewell & Hopf, 2020; Rudakiewicz, 2015).
- Referral pathways for speech-language pathology services are non-existent or unclear, which leads to inconsistent access to services and a lack of systematic and standardized data regarding needs (Dondorf et al., 2015; Estupinan Artiles et al., 2021; Namasivayam-MacDonald, 2019; Park et al., 2015). There are resident assessment protocols in widespread use, such as the most commonly used Resident Assessment Instrument-Minimum Data Set 2.0 (RAI-MDS 2.0) (Morris et al., 2010). The RAI-MDS 2.0 and associated Clinical Assessment Protocols include communication and swallowing-related items, which are rated by a trained staff member. However, it is not clear to what extent these ratings support appropriate referrals to S-LPs, and research suggests that the ratings do not accurately reflect the speech-language, communication, and swallowing status of the resident (Hopper et al., 2001; Skoretz et al., in press). Many residents who have been receiving speech-language pathology services on an in-patient or out-patient basis become ineligible for those services when they move into a care home. Long wait times for external providers, travel barriers, and compromised continuity of care are additional deterrents to making referrals.
- There is a pervasive lack of awareness of 1) the impact of communication and swallowing difficulties on residents' safety and quality of life and 2) the breadth and efficacy of evidence-based speech-language pathology services (Engh & Spayer, 2021; Gurevich et al, 2021; Khoja, 2018; Pelletier, 2004; Sewell & Hopf, 2020).
- Lack of access to clinical education in the LTC setting for speech-language pathology students limits exposure and awareness of career options for future S-LPs (Mahendra et al., 2013).
- Access to instrumental swallowing assessments is inconsistent, delayed, or at times absent due to challenges in obtaining medical orders for these assessments, accessing trained personnel or necessary equipment (either on- or off-site), and transportation to such assessments if needed (SAC, 2017a). This can negatively impact delivering quality swallowing care.

Rationale

It is imperative that speech-language pathology services increase in Canadian LTC homes to meet the substantial and increasing communication and swallowing needs of residents. S-LPs are indispensable members of a trained and integrated workforce within LTC, whose care services are requisite for the provision of person- and family-centered care with an emphasis on a resident's quality of life, safety, dignity, and participation in decision-making. Very few residents have adequate access to consistent speech-language pathology services, and many residents, family, staff, and administrators are not familiar with the role and benefit of these services. The following recommendations advocate for equity of access to evidence-based, timely, comprehensive, and site-based speech-language pathology services for all Canadian LTC residents.

Recommendations

The current status of the non-existent to limited presence of S-LPs in most Canadian LTC homes bears little resemblance to the comprehensive role supported by evidence. Ongoing advocacy and awareness-building efforts regarding the role and benefits of embedding speech-language pathology services in LTC are required at multiple levels, including government, organizations, institutions, care home administrators, and individuals. S-LPs working and advocating in LTC settings also require ongoing guidance, support, and resources.

Embedding S-LPs in LTC Homes as Integrated Team Members

Available evidence shows the benefits of embedding S-LPs in LTC interprofessional teams (Barnes & Salemi, 2016; Dondorf et al., 2015; Krival, 2013). Each LTC home has residents with unique and complex communication, swallowing, feeding, and cognitive needs, which are most effectively addressed by S-LPs who are consistently available in the care home. As integrated LTC team members, S-LPs support a person-centered, interprofessional approach through improving the identification and characterization of residents' swallowing and communication impairments; contributing to care plans; sharing findings with team members; participating in quality improvement and patient safety initiatives; and leading communication accessibility programs. They can also serve as educators, collaborators, communicators, and advocates.

With an aging population base, it is important to build knowledge capacity and clinical learning opportunities for current and future professionals in this sector (Ferguson-Pell et al., 2012). Having S-LPs embedded in LTC homes serves this purpose by increasing the number of supervised clinical placements. It also paves the way for the inclusion of [communication health assistants](#) as LTC team members.

SAC should directly advocate and empower individual members to pursue a range of advocacy efforts promoting S-LPs' value as embedded LTC team members that contribute to a more responsive health system. Specifically, SAC should engage with care home administrator organizations to lobby for the allocation of allied health funding to S-LP positions and support members in their advocacy by developing companion materials to this position paper.

Caregiver and Interprofessional Staff Education

S-LPs can empower caregivers and LTC staff through point-of-care training and resident-specific case studies. Experiential training with the opportunity for practice and coaching has been shown to improve confidence and implementation of skills related to communication and swallowing care (Eriksson et al., 2015; Gurevich et al., 2019; Hickey et al., 2004; Pelletier, 2004). It also builds trust, improves staff confidence in making appropriate referrals, and promotes more effective information sharing among S-LPs, staff, residents, and caregivers (Barnes & Salemi, 2016). This leads to improved quality of care and increased resident and family satisfaction.

SAC should pursue collaboration with other interprofessional organizations and relevant stakeholders to build awareness of the S-LP's lead role in communication and swallowing care in LTC. Awareness-building efforts should include resident and family voices.

Supporting the Speech-Language Pathology Workforce in LTC

Current and future S-LPs working in LTC require ongoing professional development, advocacy and public awareness resources, a platform for networking, and a means to recruit local champions for the profession (Dondorf et al., 2015; Egan et al., 2020). Advocacy results are bolstered when members working in LTC are actively promoting the profession with these champions.

SAC should support its members by offering webinars, workshops, conference sessions, podcasts, and other forms of continuing education that highlight promising examples of comprehensive speech-language pathology service delivery models and interprofessional education in LTC by creating resources to support advocacy and public awareness campaigns, and by facilitating networking opportunities for S-LPs to share existing LTC staff training programs and materials.

Research and quality improvement projects for speech-language pathology services in LTC should be supported by SAC in collaboration with care home residents and family members and shared with members, governments, and organizations. Specifically, projects giving voice to the perspectives of residents and family members, demonstrating the comprehensive S-LP role, and improving screening and referral pathways are recommended.

Conclusions

Communication and swallowing impairments have pervasive and often profound impacts on the health, autonomy, and quality of life of persons living in LTC. S-LPs are uniquely qualified in a range of roles to provide comprehensive and evidence-based support for residents, families, and care home staff. S-LPs serve as experts, educators, advocates, collaborators, and leaders within the LTC care team to identify, diagnose, and manage the varied and often complex communication and swallowing needs within LTC. Most people living in Canadian care homes have been denied this essential support. All LTC residents have the right to access comprehensive and equitable speech-language pathology services.

References

- Atherton Pickett, F. (2012). State of evidence: Chronic periodontal disease and stroke. *Canadian Journal of Dental Hygiene*, 46(2), 124–128.
- Azios, J. H., & Damico, J. S. (2020). Clinical practice recommendations for improving life participation for people with aphasia in long-term care. *Perspectives of the ASHA Special Interest Groups*, 5(2), 384–396.
https://doi.org/10.1044/2019_persp-19-00136
- Azios, J. H., Damico, J. S., & Roussel, N. (2018). Communicative accessibility in aphasia: An investigation of the interactional context of long-term care facilities. *American Journal of Speech-Language Pathology*, 27(4), 1474–1490.
https://doi.org/10.1044/2018_AJSLP-17-0099
- Barnes, G., & Salemi, J. (2016). Communication disordered: Program implementation in long-term care. In *Perspectives of the ASHA Special Interest Groups SIG* (Vol. 15, Issue 2).
- Bennett, M. K., Ward, E., Scarinci, N., & Waite, M. (2014). Perspectives on mealtime management in residential aged care: Insights from a cross-disciplinary investigation. *Journal of Nutrition in Gerontology and Geriatrics*, 33(4), 325–339.
<https://doi.org/10.1080/21551197.2014.963275>
- Bennett, M. K., Ward, E. C., & Scarinci, N. A. (2016). Exploratory investigation of communication management in residential-aged care: A comparison of staff knowledge, documentation and observed resident-staff communication. *International Journal of Language and Communication Disorders*, 51(3), 296–309.
<https://doi.org/10.1111/1460-6984.12207>
- Bisogno A, Scarpa A, Di Girolamo S, De Luca P, Cassandro C, Viola P, Ricciardiello F, Greco A, Vincentiis M, Ralli M, Di Stadio A. (2021). Hearing loss and cognitive impairment: Epidemiology, common pathophysiological findings, and treatment considerations. *Life (Basel)*, 11(10):1102. <https://doi.org/10.3390/life11101102>
- Boaden, E., & Davies, S. (2006). *Inter professional dysphagia framework*. Royal College of Speech and Language Therapists. <https://www.rcslt.org/wp-content/uploads/media/Project/RCSLT/inter-professional-dysphagia-framework.pdf>
- Canadian Institute for Health Information (2022). *Profile of Residents in Residential and Hospital-Based Continuing Care 2021-2022*. <https://www.cihi.ca/sites/default/files/document/residential-hospital-based-continuing-care-ltc-quick-stats-2021-2022-data-tables-en.xlsx>
- Canadian Standards Association (2022). *National Standard of Canada, CSA Z8004:22 Long-term care home operations and infection prevention and control*.
<https://www.csagroup.org/standards/areas-of-focus/healthcare-and-well-being/standards-for-safer-long-term-care-homes/>
- Clavé, P., & Shaker, R. (2015). Dysphagia: Current reality and scope of the problem. *Nature Reviews Gastroenterology & Hepatology*, 12(5), 259.
<https://doi.org/10.1038/nrgastro.2015.49>

- Davis, L., Botting, N., Cruice, M., & Dipper, L. (2021). *A systematic review of language and communication intervention research delivered in groups to older adults living in care homes*. <https://doi.org/10.1111/1460-6984.12679>
- Dondorf, K., Fabus, R., & Ghassemi, A. E. (2015). The interprofessional collaboration between nurses and speech-language pathologists working with patients diagnosed with dysphagia in skilled nursing facilities. *Journal of Nursing Education and Practice*, 6(4), 17–20. <https://doi.org/10.5430/jnep.v6n4p17>
- Duff, C. (2018) *Dementia: assessment, management and support for people living with dementia and their carers* [Technical Report]. National Institute of Clinical Excellence, London.
- Egan, M., Bérubé, D., Racine, G., Leonard, C., & Rochon, E. (2010). Methods to enhance verbal communication between individuals with Alzheimer's disease and their formal and informal caregivers: A systematic review. *International Journal of Alzheimer's Disease*, 2010. <https://doi.org/10.4061/2010/906818>
- Egan, A., Andrews, C., & Lowit, A. (2020). Dysphagia and mealtime difficulties in dementia: Speech and language therapists' practices and perspectives. *International Journal of Language and Communication Disorders*, 55(5), 777–792. <https://doi.org/10.1111/1460-6984.12563>
- Eggenberger, E., Heimerl, K., & Bennett, M. I. (2013). Communication skills training in dementia care: A systematic review of effectiveness, training content, and didactic methods in different care settings. *International Psychogeriatrics*, 25(3), 345–358. <https://doi.org/10.1017/S1041610212001664>
- Engh, M. C. N., & Speyer, R. (2021). Management of dysphagia in nursing homes: A national survey. *Dysphagia*. <https://doi.org/10.1007/s00455-021-10275-7>
- Eriksson, K., Forsgren, E., Hartelius, L., & Saldert, C. (2015). Communication partner training of enrolled nurses working in nursing homes with people with communication disorders caused by stroke or Parkinson's disease. *Disability and Rehabilitation*, 38(12), 1187–1203. <https://doi.org/10.3109/09638288.2015.1089952>
- Estupiñán Artilles, C., Regan, J., & Donnellan, C. (2021). Dysphagia screening in residential care settings: A scoping review. *International Journal of Nursing Studies*, 114. <https://doi.org/10.1016/j.ijnurstu.2020.103813>
- Ferguson-Pell, M., Cleary, S., & Evans, J. (2012). *Health Workforce Action Plan: A Collaboration to Increase Clinical Placements with Adults for Speech Language Pathology Students Final Report*. University of Alberta.
- Gascoigne, M. (2016). The Balanced System®. Better Communication CIC. www.bettercommunication.org.uk
- Gomes-Filho, I. S., Cruz, S. S. da, Trindade, S. C., Passos-Soares, J. de S., Carvalho-Filho, P. C., Figueiredo, A. C. M. G., Lyrio, A. O., Hintz, A. M., Pereira, M. G., & Scannapieco, F. (2019). Periodontitis and respiratory diseases: A systematic review with meta-analysis. *Oral Diseases*, 26(2), 439–446.

- Gurevich, N., Osmelak, D. R., & Farris, C. (2019). Interprofessional education between speech pathology and nursing programs: A collaborative e-platform curriculum approach. *Journal of Interprofessional Care*, 34(4), 572–575.
<https://doi.org/10.1080/13561820.2019.1657815>
- Gurevich, N., Osmelak, D. R., & Osentoski, S. (2021). A preliminary study of nursing practice patterns concerning dysphagia diet modification: Implications for interprofessional education with SLPs. *Perspectives of the ASHA Special Interest Groups*, 6(4), 897–911.
https://doi.org/10.1044/2021_persp-20-00088
- Health Standards Organization (2023). CAN/HSO 21001:2023 (E) *Long-term care services*.
<https://healthstandards.org/standard/long-term-care-services-can-hso21001-2023-e/>
- Hickey, E., Bourgeois, M., & Olswang, L. (2004). Effects of training volunteers to converse with nursing home residents with aphasia. *Aphasiology*, 18(5–7), 625–637.
<https://doi.org/10.1080/026870304440000093>
- Hickson, L., Worrall, L., & Donaldson-Scarinci, N. (2005). Expanding speech pathology services for older people with hearing impairment. *Advances in Speech-Language Pathology*, 7(4), 203–210.
- Hopper, T., Bayles, K.A., Harris, F.P., & Holland, A. (2001). The relationship between minimum data set ratings and scores on measures of communication and hearing among nursing home residents with dementia. *American Journal of Speech-Language Pathology*, 10(4), 370–381.
- Hopper, T., Cleary, S., Donnelly, M. J., & Dalton, S. (2007). Service delivery for older Canadians with dementia: A survey of speech-language pathologists. *Canadian Journal of Speech-Language Pathology and Audiology*, 1 (3), 114–126.
- Kempler, D., & Zelinski, E. M. (1994). Language in dementia and normal aging. In F. A. Hupport, C. Brayne, & D. W. O'Connor (Eds.), *Dementia and Normal Aging* (pp.331–365). Cambridge: Cambridge University Press.
- Khoja, M. A. (2018). Registered nurses' knowledge and care practices regarding patients with dysphagia in Saudi Arabia. *International Journal of Health Care Quality Assurance*, 31(8), 896–909. <https://doi.org/10.1108/ijhcqa-06-2017-0106>
- Krival, K. (2013). Dysphagia services in nursing homes: An opportunity for improving patient outcomes through palliative care. *Perspectives on Gerontology*, 18(3), 88–103.
<https://doi.org/10.1044/gero18.3.88>
- Lam, J. M. C., & Wodchis, W. P. (2010). The relationship of 60 disease diagnoses and 15 conditions to preference-based health-related quality of life in Ontario hospital-based long-term care residents. *Medical Care*, 48(4), 380–387.
- Lau, E. T., Steadman, K. J., Cichero, J. A., & Nissen, L. M. (2018). Dosage form modification and oral drug delivery in older people. *Advanced Drug Delivery Reviews*, 135, 75–84.
<https://doi.org/10.1016/j.addr.2018.04.012>

- Laver, K., Cumming, R., Dyer, S., Agar, M., Beattie, E., Brodaty, H., ... & Anstey, K. (2016). Clinical practice guidelines for dementia in Australia. *Medical Journal of Australia*, 204(5), 191-193.
- Leaman, M. C., & Azios, J. H. (2021). Experiences of social distancing during Coronavirus Disease 2019 as a catalyst for changing long-term care culture. *American Journal of Speech-Language Pathology*, 30, 318-323.
https://doi.org/10.1044/2020_AJSLP-20-00176
- Levenson, S. A., & Walker, V. L. (2019). It is time to revamp approaches to managing dysphagia in nursing homes. *Journal of the American Medical Directors Association*, 20(8), 952-955. <https://doi.org/10.1016/j.jamda.2019.06.005>
- Macdonald, M., Martin-Misener, R., Weeks, L., Moody, E., McKibbin, S., Wilson, B., Almukhaini, S., & Stratton, L. (2020). Assistive technologies that support social interaction in long term care homes: A scoping review protocol. *JBIR Database of Systematic Reviews and Implementation Reports*, 18(3), 592-598. <https://doi.org/10.11124/JBISIR-D-19-00135>
- Mahendra, N., Fremont, K., & Dionne, E. (2013). Teaching future providers about dementia: The impact of service learning. *Seminars in Speech and Language*, 34(1), 5-17.
<https://doi.org/10.1055/s-0033-1337390>
- May, A. A., Dada, S., & Murray, J. (2019). Review of AAC interventions in persons with dementia. *International Journal of Language & Communication Disorders*, 54(6), 857-874.
<https://doi.org/10.1111/1460-6984.12491>
- McGilton, K. S., Boscart, V., Fox, M., Sidani, S., Rochon, E., & Sorin-Peters, R. (2009). A systematic review of the effectiveness of communication interventions for health care providers caring for patients in residential care settings. *Worldviews on Evidence-Based Nursing*, 6(3), 149-159.
<https://doi.org/10.1111/j.1741-6787.2009.00155.x>
- McGilton, K. S., Rochon, E., Sidani, S., Shaw, A., Ben-David, B. M., Saragosa, M., Boscart, V. M., Wilson, R., Galimidi-Epstein, K. K., & Pichora-Fuller, M. K. (2017). Can we help care providers communicate more effectively with persons having dementia living in long-term care homes? *American Journal of Alzheimer's Disease and Other Dementias*, 32(1), 41-50. <https://doi.org/10.1177/1533317516680899>
- McGinnis, C. M., Homan, K., Solomon, M., Taylor, J., Staebell, K., Erger, D., & Raut, N. (2019). Dysphagia: Interprofessional management, impact, and patient-centered care. *Nutrition in Clinical Practice*, 34(1), 80-95. <https://doi.org/10.1002/ncp.10239>
- Mikkelsen, A. S. B., Petersen, S., Dragsted, A. C., & Kristiansen, M. (2019). Social interventions targeting social relations among older people at nursing homes: A qualitative synthesized systematic review. *SAGE Publications*.
<https://doi.org/10.1177/0046958018823929>
- Morris, J.N., Hawes, C., Mor, V., Phillips, C., Fries, B.E., Nonemaker, S., Murphy, K. (2010). Resident Assessment Instrument (RAI) RAI-MDS 2.0 User's Manual, Canadian Version. Washington DC: interRAI 2010. https://www.uhs.on.ca/wp-content/uploads/RAI-MDS2_0_UsersManual_2012-2013_EN_rev.pdf

- Namasivayam-MacDonald, A. M., & Riquelme, L. F. (2019). Presbyphagia to dysphagia: Multiple perspectives and strategies for quality care of older adults. *Seminars in Speech and Language*, 40(3), 227–242. <https://doi.org/10.1055/s-0039-1688837>
- Nazir M. A. (2017). Prevalence of periodontal disease, its association with systemic diseases and prevention. *International Journal of Health Sciences*, 11(2), 72–80.
- Nguyen, H., Terry, D., Phan, H., Vickers, J., & McInerney, F. (2019). Communication training and its effects on carer and care-receiver outcomes in dementia settings: A systematic review. *Journal of Clinical Nursing*, 28(7-8), 1050-1069. <https://doi.org/10.1111/jocn.14697>
- Nitschke I., & Müller F. (2004). The impact of oral health on the quality of life in the elderly. *Oral Health and Preventive Dentistry*; 2 Suppl 1:271-5.
- Northern Health (2017). Regional Dysphagia Management Team [PowerPoint Slides].
- O'Halloran, R., Lee, Y. S., Rose, M., & Liamputtong, P. (2014). Creating communicatively accessible healthcare environments: Perceptions of speech-language pathologists. *International Journal of Speech-Language Pathology*, 16(6), 603-614.
- Page, C., Howell, D., & Douglas, N. (2019). Positive culture change in long-term care: A procedure to enhance speech-language pathologist–certified nursing assistant collaboration. *Perspectives of the ASHA Special Interest Groups*, 4(5), 790–798. https://doi.org/10.1044/2019_pers-sig2-2019-0009
- Park, Y. H., Bang, H. L., Han, H. R., & Chang, H. K. (2015). Dysphagia screening measures for use in nursing homes: A systematic review. *Journal of Korean Academy of Nursing*, 45(1), 1. <https://doi.org/10.4040/jkan.2015.45.1.1>
- Payne, R., & Stevens, J. (2005). Development of a self-sustaining speech pathology service for residents in rural aged care facilities. *Australasian Journal on Ageing*, 24(1), 38–40. <https://doi.org/10.1111/j.1741-6612.2005.00064.x>
- Pelletier, C. A. (2004). What do certified nurse assistants actually know about dysphagia and feeding nursing home residents? *American Journal of Speech-Language Pathology*, 13(2), 99–113. [https://doi.org/10.1044/1058-0360\(2004/012\)](https://doi.org/10.1044/1058-0360(2004/012))
- Rapaport, P., Livingston, G., Murray, J., Mulla, A., & Cooper, C. (2017). Systematic review of the effective components of psychosocial interventions delivered by care home staff to people with dementia. *BMJ Open*, 7(2), e014177-e014177. <https://doi.org/10.1136/bmjopen-2016-014177>
- Royal College of Speech and Language Therapists (2014). *Guidance on the management of dysphagia in care homes*. <https://www.rcslt.org/-/media/Project/RCSLT/guidance-on-the-management-of-dysphagia-in-care-homes.pdf>
- Rudakiewicz, J. (2015). Methods for managing residents with dysphagia. *Nursing Older People*, 27(4), 29–33. <https://doi.org/10.7748/nop.27.4.29.e694>

- Sapir, S., Pawlas, A., Ramig, L., Countryman, S., O'Brien, C., Hoehn, M., & Thompson, L. (2001). Voice and speech abnormalities in Parkinson disease: Relation to severity of motor impairment, duration of disease, medication, depression, gender, and age. *Journal of Medical Speech-Language Pathology*, 9(4), 213–226.
- Sefidani Forough, A., Lau, E. T. L., Steadman, K. J., Kyle, G. J., Cichero, J. A. Y., Serrano Santos, J. M., & Nissen, L. M. (2020). Appropriateness of oral dosage form modification for aged care residents: a video-recorded observational study. *International Journal of Clinical Pharmacy*, 42(3), 938–947. <https://doi.org/10.1007/s11096-020-01036-x>
- Sewell, S. A., & Hopf, S. C. (2020). Speech-language pathology in Australian residential aged-care facilities. *Journal of Clinical Practice in Speech-Language Pathology*, 22(1), 53–61.
- Shune, S. E., & Linville, D. (2019). Understanding the dining experience of individuals with dysphagia living in care facilities: A grounded theory analysis. *International Journal of Nursing Studies*, 92, 144–153. <https://doi.org/10.1016/j.ijnurstu.2019.01.017>
- Sjogren, P., Nilsson, E., Forsell, M., Johansson, O., & Hoogstraate, J. (2008). A systematic review of the preventive effect of oral hygiene on pneumonia and respiratory tract infection in elderly people in hospitals and nursing homes: Effect estimates and methodological quality of randomized controlled trials. *Journal of the American Geriatrics Society*, 56(11), 2124–2130.
- Skoretz, S. A., Chen, T., & Pillay, I. (in press). How accurately does the Minimum Data Set capture swallowing disorders in long-term care? [Abstract]. *Dysphagia*.
- Speech-Language & Audiology Canada (2016). *Position statement: The role of speech-language pathologists, audiologists, and communication health assistants in end-of-life care* https://www.sac-oac.ca/wp-content/uploads/2023/01/end-of-life_position-statement_en.pdf
- Speech-Language & Audiology Canada (2017a). *Current dysphagia practice patterns: 2016 survey results*. https://www.sac-oac.ca/wp-content/uploads/2023/03/Dysphagia_Survey_Report_EN.pdf
- Speech-Language & Audiology Canada (2017b). *Position statement: The role of speech-language pathologists and audiologists in dementia care*. https://www.sac-oac.ca/wp-content/uploads/2023/01/Dementia_Position-Statement_EN-1.pdf
- Speech-Language & Audiology Canada (2022). *Position paper: Speech-language pathology intervention for swallowing and feeding disorders across the lifespan*. https://www.sac-oac.ca/wp-content/uploads/2022/10/SAC_Position_Paper_-_Swallowing_Feeding_Disorder_Across_the_Lifespan_EN.pdf
- Statistics Canada (2016). *Hearing Loss of Canadians, 2012–2015*. [Health Fact Sheet]. <https://www150.statcan.gc.ca/n1/pub/82-625-x/2016001/article/14658-eng.htm>
- Steele, C. M., Greenwood, C., Ens, I., Robertson, C., & Seidman-Carlson, R. (1997). Mealtime difficulties in a home for the aged: Not just dysphagia. *Dysphagia*, 12(1), 43–50. <https://doi.org/10.1007/PL00009517>

- Swan, K., Hopper, M., Wenke, R., Jackson, C., Till, T., & Conway, E. (2018). Speech-language pathologist interventions for communication in moderate-severe dementia: A systematic review. *American Journal of Speech-Language Pathology*, 27(2), 836-852. https://doi.org/10.1044/2017_AJSLP-17-0043
- Wilson, B.S., & Tucci, D.L. (2021). Addressing the global burden of hearing loss [Comment]. *The Lancet*, 397(10278), 945-947. [https://doi.org/10.1016/S0140-6736\(21\)00522-5](https://doi.org/10.1016/S0140-6736(21)00522-5)
- Wong, J. (2021). *SLP/audiology services at Sunnybrook Veterans Centre* [PowerPoint Slides].
- Yoon, M. N., & Steele, C. M. (2012). Health care professionals' perspectives on oral care for long-term care residents: Nursing staff, speech-language pathologists and dental hygienists. *Gerontology*, 29(2), e525–e535.