



HEALTH SERVICES FOR COMMUNITY LIVING
SPECIALIZED DYSPHAGIA CONSULTATION SERVICE PROTOCOLS
AUGUST 2010

A specialty dysphagia consultation service for adults with Developmental Disabilities who receive services from Health Services for Community Living (HSCL) teams has been available since January 1996. At this time the original contract protocols have been updated:

DESCRIPTION OF SERVICE

Access Community Therapists Ltd. (Access) is contracted to provide specialized dysphagia consultation services to adults with Developmental Disabilities who are eligible for Community Living BC (CLBC) services. These services are intended to augment locally available supports provided by HSCL or Home & Community Care (i.e., Occupational Therapist, Registered Dietician, Registered Nurse, Speech-Language Pathologist, Dental Hygienist, other). The expectation is that the primary clinicians involved provide dysphagia assessment and intervention to the extent of their competency and scope of practice. The primary clinician(s) determine(s) when to request a dysphagia consult from Access.

Access Dysphagia Consultants provide services in the Greater Vancouver Area and on an outreach basis to communities outside of this region except for Vancouver Island and Southern Okanagan (Penticton, Kelowna).

REFERRALS

The HSCL Clinician primarily involved with dysphagia management makes referrals to the Dysphagia Consultation Service.

The completed HSCL Request for Specialized Services form (blank sample attached) is faxed to:

Access Community Therapists Ltd.
604-736-7019

Access will send confirmation of receipt of the referral to the referral source within 3 working days. If confirmation is not received within this time frame the referral source is asked to call Access at (604) 736-7009.

New and/or urgent client information regarding a change in health status affecting dysphagia management should be directed to Access at the above numbers. Access will ensure the appropriate dysphagia consultant receives the information in a timely manner.

Urgent Referrals

An urgent referral can be indicated in the space provided on the referral form. Examples of indicators for an urgent dysphagia consultation may include:

- choking episode or high risk for choking
- recent hospitalization for pneumonia

See HSCCL Initial Screen Form (attached) for other indicators for urgent referrals. Urgent referrals will be responded to by a phone call from the dysphagia consultant to both the client and HSCCL Clinician within 2 working days of receipt. Immediate management strategies may be suggested over the phone and an appointment for an initial assessment will be scheduled as quickly as possible.

Re-referrals

If a client has been discharged or has not been seen for one year, a re-referral is required.

Phone Consultation

An HSCCL Clinician may contact an Access dysphagia consultant directly for discussion about a client or to determine the need for a dysphagia referral.

DESCRIPTION OF THE USUAL DYSPHAGIA CONSULTATION PROCESS

- The HSCCL Clinician generates the dysphagia referral and faxes to Access at (604) 736-7019.
- Access confirms receipt of the referral to the referral source and forwards the referral to the appropriate dysphagia consultant.
- The dysphagia consultant contacts the HSCCL Clinician to determine if they would like to attend a joint visit.
- The dysphagia consultant contacts the dietician, when involved, to decide if a joint visit can be coordinated. (Please note that dietician services are provided separately from the Access contract and vary according to the Health Region)

- The dysphagia consultation process includes:
 - Initial assessment at home or day program
 - Follow-up assessment visits as required
 - Assessment may include a modified barium swallow study at a regional hospital
 - Generation of a dysphagia consultation report with management suggestions
 - Generation of mealtime guidelines (caregiver training tool) for the client's home as needed
 - Caregiver training (both formal and informal) as required
- Reports and guidelines are provided to the client and copied to the referring HSCCL Clinician, and to the dietician and other health care team members as appropriate.
- If there is an HSCCL or Home & Community Care Clinician available with appropriate dysphagia competency and scope of practice, the dysphagia consultant will discharge the client back to this Clinician and record this transfer in their report.
- Stable clients can be discharged to any HSCCL Clinician for long-term follow-up.
- The files of clients with severe dysphagia and ongoing needs may remain open with ongoing contact with the client, involved professionals and home.